# Emergency Services Study
## for
# Teton County, Idaho



## FINAL REPORT

## The Mercer Group, Inc.

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August 14, 2013

# The Mercer Group, Inc.

Consultants to Management

August 14, 2013

Ms. Kathy Rinaldi, Teton County Board of Commissioners
Mr. Kurt Wagener, Teton County Fire Protection District Board of Commissioners
Mr. Steve Dietrich, Teton Valley Health Care Board of Directors
Mr. Keith Gnagey, Project Coordinator
150 Courthouse Drive, Room 107
Driggs, Idaho 83422

Dear Ms. Rinaldi, Mr. Wagener, Mr. Dietrich, and Mr. Gnagey:

**The Mercer Group, Inc.** is pleased to present our **Final Report** for the **Emergency Services Study**. Our report is based on the County's Request for Proposals of early July 2012 and our Proposal of July 25, 2012, as amended in a letter dated August 3, 2012. A Table of Contents follows this Cover Letter. The Cover Letter and Chapters I and II can be extracted to serve as an Executive Summary.

## *Purpose of the Project*

Per your RFP, Teton County Emergency Services agencies seek to determine how to set goals for levels of emergency service and to define those levels of service in a way understandable to the community. The agencies also want to identify other communities with characteristics similar to Teton County and to identify how and at what cost these communities provide emergency services. Using comparative examples, the County will utilize community, professional, and political input to build the goals to improve our emergency services.

The specific scope of work envisioned in the study includes the levels of service, organizational structure, and estimated costs for police (the Sheriff's Office), fire, rescue, hazmat, dispatch of all emergency services, ambulance/EMS services, and inter-facility transfer providers. Although current practice has been to consider and manage the individual agencies providing emergency services to Teton County residents, **the agencies and County citizens desire to take a holistic approach to the problem of how best to provide emergency services in and around Teton County** (Mercer emphasis). Each major entity involved in providing emergency services to the County is participating in this study and all parties have a common desire to determine how to define and most effectively provide the right level of emergency services to the citizens.

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## *Overview of the Report*

The Emergency Services report includes nine chapters with the Cover Letter and first two chapters – Overview of the Project and Results of the Study – serving as an Executive Summary.

**Chapter I, Overview of the Project**, reviews the project's Problem Statement, Background, and Scope of Work; describes Mercer's Approach and Methodology for conducting the study; and highlights Project Deliverables and the content of our technical report.

**Chapter II, Results of the Study**, summarizes Major Findings and Recommendations.

**Chapter III, Comparative Analysis**, describes the Methodology applied for the Comparative Analysis, including criteria for selecting comparable communities, and presents a Summary of Results for Emergency Services generally, Fire and EMS, and Sheriff.

**Chapter IV, Ambulance Service Options**, reviews Current Practices in providing emergency medical and ambulance services; identifies Strengths, Weaknesses, Opportunities, and Threats from interviews and focus groups; defines and rates Alternative Methods of Service Delivery using Mercer's Decision Criteria for Contracting and Collaboration; and presents Options for ambulance service in the future.

**Chapter V, Profile of Emergency Services**, provides a Profile of Teton County and the three Emergency Services Agencies; summarizes the Results of the SWOT Assessment and Employee Surveys; and provides Conclusions and Emerging Issues.

**Chapter VI, Emergency Services Assessment**, presents Findings and Recommendations for major functional elements of Mercer's 50 Management Issues (Governance, Service Delivery Structure, Planning, Management Practices Operations Management, and Resource Management.

**Chapter VII, Implementation**, defines an Implementation Process, identifies Implementation Issues, and lays out an Implementation Schedule.

**Chapters VIII, Exhibits**, and **Chapter IX, Attachments**, present supplementary information to support our findings, analyses, and recommendations.

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## *Key Findings and Recommendations*

➢ **Comparative Analysis (Chapter III):** Unlike a key assumption in the RFP, Teton County is fairly unique in its arrangement for Fire and EMS services. Only one other county in our 23-community survey funds Fire services countywide and only four other counties fund EMS services countywide. Most communities are served by multiple fire agencies staffed by volunteers or by a small cadre of full-time firefighters supported by volunteers in a Hybrid or Combination Model (e.g., Jackson/Teton County, Wyoming).

The survey data shows that Fire costs per capita, although below the overall survey average, are higher than most communities in the survey due to Teton County's full-time work force working out of two stations. Ambulance and Sheriff costs per capita are lower than the average and lower than most communities in the survey. Because of low call volumes, Fire and Ambulance costs per call are higher than other communities.

Fire/Ambulance response times are similar to the survey average, with Fire's ISO rating better than the overall average.

➢ **Ambulance Service Options (Chapter IV):** Collaboration turned to competition with the creation of the Ambulance District in 2008. Ambulance services were bid out with Teton Valley Health Care (TVHC) winning the initial contract. Beginning in 2011, the Fire District started to express an interest publicly in providing some, then all, ambulance services.

After rating the Hospital-based (current model) and two Fire-Based EMS proposals, Mercer strongly believes a *Partnership Model* is in the best interest of the County and its citizens with the ASD, Fire, and Hospital having roles, thereby taking advantage of each organization's strengths.

Key benefits and elements of the *Partnership Model* are:

- Current services would improve significantly due to a second ambulance in Victor with costs reduced slightly
- TVHC would run the Driggs ambulance and inter-facility transfers
- Fire would run the Victor ambulance with one position shifted from Driggs
- TVHC is asked to discount some of the value to the hospital of hospital-based EMS staff in its contract with the Ambulance District

A major obstacle to implementation, however, is a strained relationship between Fire and Hospital due to ambulance service competition and Fire's competing proposals.

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> **Ambulance Service Options (Chapter IV) (continued):**

Fire's proposals (Partnership and Full Service) are viable options, however, with a lower cost base due to the nature of the fire service (e.g., no shift differential and higher overtime threshold) and the Fire District's ability to absorb some costs that the hospital would charge to the ambulance service contract.

Plan B, if an ASD-Fire-Hospital partnership is impossible, is to rebid ambulance services when the current contract ends in 2014. Mercer will help develop technical specifications for the RFP at no additional cost, but hopes emergency services agencies will try the Partnership Model for at least two years before shifting to Plan B.

Transition to Fire-based EMS would require additional training and supervision at first as Fire paramedics and EMT's come up to full speed for ambulance calls. This approach likely would result in a loss of most in-hospital patient contacts, which have been three times the level of annual calls for hospital-based EMS staff.

> **Emergency Services Assessment (Chapters V and VI):** Citizens and stakeholders (from a limited sample) seem pleased with current services provided by the Ambulance District, Hospital, Fire District, and Sheriff's Office.

Mercer was impressed by each agency's professionalism and commitment to service. Nevertheless, a few improvements are suggested:

- Create a Teton County Emergency Services Council of agency elected officials and citizens to oversee emergency services
- Create an Operations Committee of agency directors/managers in order to improve collaboration and cooperation, and eliminate the "silo effect."
- Develop a consolidated functional business plan for emergency services based on the Mercer Model (see Exhibit 3) to better plan and coordinate services
- Continue the Ambulance District as ambulance provider and taxing entity
- Enhance cross-agency policies, protocols, and procedures with associated training
- Add a Patrol Deputy to eliminate single-person shifts (only new cost in the report)
- Improve Dispatch operations (already in process)
- Improve Investigation services (focusing on the Sheriff-Prosecutor relationship)
- Improve budgeting, human resources, technology, and asset management

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We appreciate the opportunity to work with each of you, Fire District staff, Hospital staff, the Sheriff and his staff, and other County officials on this important project. We had excellent cooperation throughout the study, with a high level of staff participation in interviews and surveys.

If you have any questions or require additional information regarding our proposal, please contact Jim Mercer, our project director, at 505-466-9500 or **jmercer@mercergroupinc.com** or Steve Egan, our project manager and lead consultant, at 770-425-1775 or **segan@mercergroupinc.com.**

**Very truly yours,**

*The Mercer Group, Inc.*

**THE MERCER GROUP, INC.**
**James L. Mercer, CMC, President and CEO (Project Director)**
**Stephen D. Egan, Jr., Senior Vice-President (Project Manager and Lead Consultant)**
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**William Stipp, Vice-President (Fire and EMS Specialist)**

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# I. OVERVIEW OF THE PROJECT

This chapter of the report provides an Overview of the Project including Scope and Objectives, Project Issues, Methodology, and Project Activities. A complete description of the project is available in the County's Request for Proposals and in the Mercer Group's Proposal, as amended.

## A. INTRODUCTION TO THE PROJECT

The County's RFP and our proposal for the Emergency Services Study present the following Problem Statement, Background Information, and Scope of Work (adjusted somewhat based on information gathered during the project).

### 1.) Problem Statement

Teton County, Idaho spends approximately $4.7 million per annum to provide emergency services (defined as police, fire, rescue/extrication, hazmat, ambulance/EMS, inter-facility transfer, and dispatch) to its 10,200 citizens and the citizens of nearby Wyoming communities (Alta and Grand Targhee Ski Resort).

These funds are provided through the County general fund, the collection of taxes in two taxing districts (one for fire and one for the ambulance), fees collected through vehicle registration, 911 fees on phones, grants, and in the future impact fees.

Teton County currently provides those services using separate departments or agencies with paid personnel in fire, rescue, and hazmat; ambulance and inter-facility transfer; and, police and dispatch. The County has not defined and measured service levels (or the cost of each service).

Teton County seeks to determine how to set goals for levels of emergency service and to define those levels of service in a way understandable to the community. The County wants to identify other communities with similar characteristics and to identify how and at what cost those communities provide emergency services. Using those examples, the County will utilize community, professional, and political input to build the goals to improve our emergency services.

Although current practice has been to consider and manage the individual components of providing emergency services to Teton County residents, **the County and its citizens desire to take a holistic approach to the problem of how best to provide emergency services to Teton County residents** (Mercer emphasis). Each major entity involved in providing emergency services to the County is participating in this study and all parties have a common desire to determine how to define and most effectively provide the right level of emergency services to the citizens.

## *2.) Background*

**Teton County, Idaho,** was established in 1915 with its county seat at Driggs. The county consists of approximately 450 square miles with 65% of the land owned privately; 34% owned by the Federal and State governments; and 1% waterways. The County has a 2010 population of 10,170, up from 5,999 in 2000. Most residents (6,313 or about 62%) live outside of the County's three cities, which had 2010 populations of:

> - Driggs:     1,660   (up from 1,100 in 2000)
> - Tetonia:      269   (up from 247 in 2000)
> - Victor:     1,928   (up from 840 in 2000)

**Fire, Rescue, and Hazmat services** currently are provided by staff of the Teton County Fire Protection District (TVFD), a tax levying organization that is governed by three elected Commissioners. The department is responsible for emergency calls when dispatched by the County dispatch center, and for managing all fire, extrication, non-medical rescue, and hazmat activities. The department also staffs a non-transport advanced life support service; supports the Sheriff's Department in fire investigations if arson is suspected; and works with the Sheriff's Search and Rescue Team.

**Police and Dispatch services** are the responsibility of the elected Teton County Sheriff, who provides services county-wide and to Alta and Grand Targhee in Wyoming on a contract basis (perhaps not in the future as a Memorandum of Understanding with Teton County, Wyoming, has expired). The Search and Rescue Team, under Idaho law, is a part of the Sheriff's Office.

**Ambulance and inter-facility transfer services** are the responsibility of the Ambulance Service District (ASD), a taxing entity created by the Board of County Commissioners, who serve as commissioners of the ASD board. Teton Valley Health Care, Inc. (TVHC), a private hospital, now holds the ambulance/transfer contract.

The **service area for emergency services** currently is all of Teton County, Idaho; Alta and surrounding areas of Wyoming; Grand Targhee Ski Resort; and Teton Pass to the Wilson Fire Station. Note that:

> - Ambulance services to Alta and Grand Targhee are covered by the Ambulance Services Contract between Teton County, Wyoming, and the ASD.
> - Dispatch services are provided to Alta and Grand Targhee pursuant to the Dispatch Services Contract between Teton County, Idaho, and Teton County, Wyoming.
> - Fire protection services are provided to Alta and Grand Targhee pursuant to a Memorandum of Understanding (MOU) between the Fire Protection District and Teton County, Wyoming.

A number of emergency services are NOT within the scope of this study, including State and Federal law enforcement agencies, Teton County Search and Rescue, Emergency Management and Civil Defense, Teton County Local Emergency Planning Committee and Citizens Corps Council, Idaho Department of Lands, and Teton Valley Hospital.

## 3.) Scope of Work

The **specific scope of work** envisioned in this study **includes the levels of service, organizational structure, and estimated costs for the police, fire, rescue, hazmat, dispatch of all emergency services, ambulance/EMS services, and inter-facility transfer providers.**

Given the small size and staffing of the hospital, this study specifically includes hospital transitioning from pre-hospital care providers to hospital staff (transition being defined as the point where responder/transport staff is no longer needed to assist with patient care in the ER). The geography served by these emergency providers will remain constant and changes are excluded from the study.

While the County understands that there are other groups and individuals that assist in providing emergency services, this scope should address the most commonly used service providers (as defined above and in the preceding Background section).

The **definitions of levels of service** must use existing national standards and reflect their adoption by similar communities. Specifically included in **level of service standards** must be metrics on:

> ➤ Response times,
> ➤ What is provided within those response times,
> ➤ The capability or level of service provided by the personnel, and the
> ➤ Frequency of occurrence and geographic coverage.

The County is providing and expects the contractor to utilize **population and demographic information** from publicly available resources such as the 2010 Census, the 2008 Agricultural census, and **City-data.com**. Where privately-developed data is used, its source and accuracy/validity must be documented. The contractor should assume growth in population is no more than 3% per year over each of the next five years.

**In identifying similar communities**, the contractor must take into account the **following types of characteristics** and may propose additional characteristics by justifying their effect on or relationship to the provision of emergency services:

> ➤ Population,
> ➤ Population density,
> ➤ Seasonality of population,
> ➤ Geographical coverage,
> ➤ Projected growth,
> ➤ Income characteristics,
> ➤ Economic conditions,
> ➤ Recreational (e.g., ski area, national park) areas,
> ➤ Property tax base, and
> ➤ Land use.

# B. PROJECT APPROACH AND METHODOLOGY

## 1.) Project Approach

The Mercer Group (as defined in detail in our proposal) approached this project with the following elements:

➤ Strategic, High-Performance Perspective.

➤ Team of senior, experienced consultants, including:

- Long-time management consultant and former county budget official and city public works and water director,
- Former city manager and finance/human resources director, and
- Former Fire Chief, who now serves as a city council member.

➤ Application of several Mercer models and analytical tools.

➤ Comprehensive and participative approach to fact finding.

➤ Structured work plan to guide our work.

And, based on the RFP we adopted the **two beliefs driving the project**:

1. **Teton County is not unique** and other communities have and do face similar issues in providing emergency services. The County wishes to learn from the experience of those communities and use that to establish goals for our emergency services, with expected costs and benefits.

2. Once provided with the goals, **the County has sufficient expertise to implement and operate** in a way that achieves those goals.

Hence, we understand the County's purpose in conducting this analysis is to learn from exemplars, establish level of service and budget goals that fit the community, and define a plan to achieve those goals.

## *2.) Project Activities*

To accomplish the goals of the project, we **conducted the following activities:**

> ➤ Held a <u>Kickoff Meeting</u> with the Project Steering Committee.

> ➤ Held <u>Orientation Meetings and Site Visits</u> with major emergency service providers (Ambulance, Fire, and Sheriff).

> ➤ Conducted face-to-face <u>Assessment Interviews</u> with members of the Board of County Commissioners, Fire Protection District Board, and Hospital Board, as well as with other officials and stakeholders in the County (e.g., County Clerk, Prosecutor, Emergency Coordinator, Mayors of the three cities, Grand Targhee resort).

> ➤ Conducted <u>Telephone Interviews</u> with other stakeholders, including the Medical Director for Ambulance and Fire and the Chief of Staff of the hospital.

> ➤ Conducted <u>Community Meetings</u> in Driggs and Victor (no one attended the scheduled meeting in Tetonia), at a Rotary Club luncheon, and at a Senior Citizens Center luncheon.

> ➤ Interviewed <u>Emergency Services Staff</u> during visits to the work sites for Ambulance, Fire, and Sheriff. We think we interviewed all full-time and most part-time employees,

> ➤ Facilitated a <u>Comparative Analysis</u> with about 20 other similar communities based on criteria listed earlier in the report.

> ➤ Analyzed information gathered during interviews, document reviews, employee questionnaires and surveys, and the comparative analysis to prepare elements of the draft report:
>
> - SWOT Assessment (strengths, weaknesses, opportunities, and threats)
> - Results of the Employee Questionnaires and Surveys (by agency)
> - Emerging Issues for the Emergency Services Assessment
> - Results of the Comparative Analysis

> ➤ Prepared periodic (monthly or at key milestones) <u>Status/Progress Reports</u> and met with the Project Steering Committee to review them and discuss preliminary findings, conclusions, ideas, and emerging issues.

> ➤ Developed a <u>Draft Report</u> and submitted it to the Project Steering Committee for their review and comment.

> ➤ We reviewed the Draft Report with the Project Steering Committee then prepared this Updated Draft Report.

> ➤ In the near future we meet with the Board of County Commissioners, Fire Protection District Board, and Hospital Board, as well as the three Emergency Services agencies, to present key findings and recommendations: prepare a Final Report; and make Final Presentations, including public forums, as requested.

## *3.) Deliverables and Content of the Report*

### Preliminary Deliverables

Throughout the study process, we prepared Progress/Status Reports and preliminary deliverables that we shared and discussed with the Project Steering Committee. These include:

- ➤ Preliminary SWOT Assessment
- ➤ Preliminary Results of Employee Surveys
- ➤ Preliminary Results of the Comparative Analysis
- ➤ Emerging Issues for the Emergency Services Assessment

### Content of the Report

The report for the Emergency Services study includes seven technical chapters and several exhibits and attachments, with Chapters I and II serving as an Executive Summary.

**Chapter I, Overview of the Project**, reviews the project's Problem Statement, Background, and Scope of Work; describes Mercer's Approach and Methodology for conducting the study; and highlights Project Deliverables and the content of our technical report.

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**Chapter VII, Implementation**, defines an Implementation Process, identifies Implementation Issues, and lays out an Implementation Schedule.

**Chapters VIII, Exhibits**, and **Chapter IX, Attachments**, present supplementary information to support our findings, analyses, and recommendations.

# II. RESULTS OF THE STUDY

Chapters III through VI of the report provide a detailed discussion of findings, analyses, and recommendations. **Major findings and recommendations are summarized below for the major technical elements of the study - Comparative Analysis, Ambulance Service Options, and Emergency Services Assessment.**

## A. COMPARATIVE ANALYSIS

**Chapter III of the report provides a full report on the Comparative Analysis** for Fire/EMS and Sheriff/law enforcement services.

### *1.) Overview of the Comparative Analysis*

The **goal of the Comparative Analysis** was to identify twenty (20) similar communities and research their approach to emergency services (Police, Fire, Rescue, Hazmat, Dispatch, Ambulance/EMS, Inter-facility Transfers), including levels of service, organizational structure, and estimated costs. Data to be compared included response times, organizational resources applied on various types of responses, service levels, geographic coverage, per capita cost, ISO rating, shift staffing, and the like.

**In identifying similar communities, Mercer reviewed population, demographic, geographical, and economic data such as:**

- ➤ **Primary Criteria:** Population, land area, population density, and seasonal population variance (due to 2$^{nd}$ homes and recreational opportunities)

- ➤ **Secondary Criteria:** Income, home values, land use (rural/agricultural), transportation, projected growth, location (near state boundaries), demographics (poverty rate, migrant/seasonal workers, bedroom community), Federal/State recreational areas or parks as a percentage of total land area, and property tax base.

Working with the Project Coordinator, Mercer queried several national databases to determine an **initial list of similar communities** based on the primary selection criteria. Our initial research, plus ideas from stakeholder interviews, identified 50 communities across the United States with three counties in the immediate area, thirteen counties in Idaho and neighboring states, and thirty-four counties in the Midwest, East, and Southeast.

Mercer then conducted a deeper review of these fifty counties to improve our understanding of them and make a **final selection of the most comparable communities.** The final list included eight counties in Idaho and nearby states and fifteen counties across the United States.

In response to stakeholder suggestions, we **added three nearby counties** (Fremont and Madison Counties, Idaho, and Teton County, Wyoming) **and three regional counties** (Pitkin County, Colorado; Storey County, Nevada; and Taos County, New Mexico) that do not closely align with the primary selection criteria.

**Surveying the "like" communities proved to be a challenge for three reasons:**

➢ **Lack of Response:** Mercer's contacts with the twenty-three comparable community were extensive, but not fully fruitful. We made initial calls to every County Clerk or Administrator then sent them a series of written surveys (see Exhibit B in Chapter VIII for a copy of these surveys). None of these surveys were returned, which caused us to make one or many follow-up calls to collect the baseline information for the analysis.

The good news is that these efforts results in fourteen responses from Sheriff's Office and thirteen responses from Fire and EMS agencies. The bad news is that the number of volunteer agencies within each comparable community compounds the problem of obtaining comparable Fire/EMS data.

➢ **Poor Data Collection/Availability:** In addition to the problem of collecting Fire/EMS data for volunteer agencies, no Sheriff's Office in the comparable counties tracked response times, although they might have a general standard or goal. Some Sheriff's Offices also had problems separating dispatched calls by type and location/area.

➢ **Teton County's Unique Fire/EMS Delivery System:** County residents, having moved to career fire and ambulance services through creation and funding of the ASD and FPD, developed an emergency services model that does not use multiple, volunteer fire and ambulance agencies. Teton County, therefore, is relatively unique compared to these services in sample communities. In the counties that reported we found eighty-four (84) separate Fire agencies (with only three career departments) and four separate EMS agencies.

**Our findings for Fire/EMS and Sheriff are detailed in** separate sections of the report with data compiled in **Tables EMS-1/2/3 and S-1/2/3.** Fire/EMS data includes service area, response times, budget, staffing, stations, annual calls for service, and ISO rating, and Sheriff's data includes budget, annual calls for service, staff per shift, total staff, back up support, arson staff, reserve unit, cost per capita and per incident, staff per capita, and dispatch.

**Conclusions and Lessons/Recommendations for Teton County are provided at the end of the comparative analysis. Four key findings are evident from the analysis:**

1.) **Fire:** Teton County has a relatively higher investment in Fire services than comparable counties as reflected by total budget and cost/personnel per capita.

2.) **EMS:** Teton County has a comparable, but slightly lower, investment in EMS services compared to comparable counties as reflected by cost/personnel per capita.

3.) **Sheriff:** Teton County has a relatively lower investment in the Sheriff's Office than comparable counties as reflected by total budget and cost/personnel per capita.

4.) **Annual Calls:** Fire/EMS annual calls are much lower than the survey average, which indicates there is capacity for fire and ambulance agencies to absorb increased call volumes with the same staffing. Sheriff's calls are fairly close to the survey average.

## 2.) *Fire and EMS*

**Primary findings from the Fire/EMS analysis are:**

➤ **Operating Characteristics:** Few counties apply the Teton County Fire/EMS model of countywide service by career Fire and EMS professionals. Instead, most counties use multiple volunteer fire departments and ambulance services, some combined agencies and some separate. Key findings are listed below, which compare the sample average to Teton County. (see Table EMS-1 in Chapter III for details)

- Land Area: 1,103 square miles in the sample vs. 450 in Teton County
- Annual Budget: $1,600,000 in the sample vs. $2,017,668 in Teton County
- Staff: 13 full-time in the sample vs. 21 full-time in Teton County
- Stations: 4.3 stations (1.7 staffed) in the sample vs. two staffed in Teton County
- Annual Calls: 1,600 in the sample vs. 445 in Teton County

➤ **Costs and Staff:** The fire service nationally has not created an effective formula or determined factors that can explain the cost of service differences across communities even those communities that appear on the surface to be similar. As a result, "apples-to-apples" comparisons are difficult. Key findings are listed below, which compare the sample average to Teton County. (see Table EMS-2 in Chapter III for details)

- Fire Cost Per Capita: $253.56 in the sample (with one county very high and one very low) vs. $198.39 in Teton County
- Fire Cost Per Call: $1,384.65 in the sample vs. $4,534.08 in Teton County
- Fire Staff: Each career position serves 1,835 people in the sample vs. 484 in Teton County

- Ambulance Cost Per Capita: $101.94 in the survey vs. $58.25 in Teton County
- Ambulance Cost Per Call: $547.46 in the survey vs. $958.09 in Teton County
- Ambulance Staff: Each career position serves 4,183 people in the survey vs. 1,271 in Teton County

➤ **Response Times:** Response times are relatively similar across the sample and cluster around 6-7 minutes in cities and 20-30 minutes in rural areas. Key findings are listed below. (see Table EMS-3 in Chapter III for details)

➤ **Fire Ratings:** ISO ratings cluster between 4 and 6 in cities and 9-10 in rural areas, except for Storey County, Nevada, which has a relatively small land area (262 square miles) and a countywide rating of 3. Key findings are listed below. (see Table EMS-3 in Chapter III for details)

## _3.) Sheriff_

**Primary findings from the Sheriff/Law Enforcement analysis are:**

➤ **Operating Characteristics:** Some agencies had a difficult time providing Sheriff's Office calls for service. All Sheriff's Offices in the survey operate a jail. See Table S-1 for details.

- Budget: $3,297,642 in the survey vs. $929,081 in Teton County
- Annual Calls: 5,125 in the survey vs. 8,350 (estimated) in Teton County (Note: The Teton County number needs work!)
- Staff Per Shift: 1-6 (average of 3.5-3) in the survey vs. 1-2 plus day staff in Teton County
- Total Staff: 54 in the survey (includes Jail staff) in the survey vs. 19 in Teton County (jail services contracted)
- Patrol Staff: 14.7 in the survey vs. 8 in Teton County
- Back Up: Cities (7) or State Patrol (6) in the survey vs. State Patrol in Teton County
- Arson Staff: Yes (7) in the survey vs. Fire primarily in Teton County
- Reserve Unit: Yes (10) in the survey vs. no reserves in Teton County

➤ **Cost and Staffing:** See Table S-2 for details.

- Population: 16,943 in the survey vs. 10,170 in Teton County

- Cost Per Capita: $234 in the survey vs. $91 in Teton County
- Cost Per Incident: $633 in the survey vs. $111 in Teton County

- Patrol Staff Per Capita: 1 Patrol Officer per 929 residents in the survey vs. one officer per 1,453 in Teton County
- Non-Jail Sworn Staff Per Capita: 1 officer per 673 in the survey vs. 1 officer per 848 in Teton County
- Non-Jail Sworn Staff Per Capita: 1.36 officers per 1000 residents in the survey vs. 1.18 officers per 1000 residents in Teton County

➤ **Dispatch:** All Dispatch operations provide countywide services covering all emergency services agencies. See Table S-3 for details.

- Total Dispatch Staff: 7.7 in the survey vs. 6 in Teton County
- Annual Calls: 11,107 in the survey vs. 9,500 (Fire, EMS, and Sheriff) in Teton County (Note: Teton call data needs to be confirmed!)
- Annual Calls Per Staff: 1,395 in the survey vs. 1,583 in Teton County (Note: Teton call data needs to be confirmed!)
- Staff Per Shift: 1-7 (most = 2) in the survey vs. 1 (and at times 2) in Teton County

# B. AMBULANCE SERVICE OPTIONS

**Chapter IV of the report provides a complete discussion of our review of ambulance service options.**

## *1.) Current Approach to Ambulance Service*

**Since 2008, the Ambulance Service District has contracted with Teton Valley Health Care to provide ambulance services** based on a bid process (see Attachments B in Chapter IX for the bid and contract documents). Before that EMS services were provided by volunteers from the three fire departments and/or the hospital.

Under the ambulance contract, the hospital provides an ambulance with two full-time EMS personnel (a mix of paramedics and emergency medical technicians) 24/7/365. A second, back-up ambulance is available and staffed by on-call staff. Fire stations in Driggs and Victor provide first responder services, typically with a paramedic on the crew. In FY 2012, TVHC responded to 608 medical calls with 255 of these transports to TVHC and 133 inter-facility transfers to other regional hospitals.

## *2.) Mercer's Decision Criteria and Ratings*

We reviewed the feasibility of ambulance services options based on the following sixteen criteria that we use to assess contracting, collaboration, and privatization opportunities. In rating the feasibility of each ambulance options, we first identify strengths and weaknesses of the option then rate each of the Decision criteria on a five-step scale (5=Very Feasible, 4=Feasible, 3=Possible, 2=Unlikely, 1=Not Feasible).

> ## Governance:

- **Legal Authority:** Do the County (as provider through the Ambulance District) and the Hospital, Fire District, or other organization (as producer of the service) have the legal authority to contract?

- **Policy Compliance:** Does the approach to contracting meet policy and regulatory requirements of the County (as provider through the Ambulance District) and the Hospital, Fire District, or other organization (as producer of the service)?

- **Political Culture:** Is the contracting approach compatible with the political culture, strategic vision, and values of the County and the community?

- **Community Support:** Do citizens, customers, the business community, other major stakeholders (like Grand Targhee), and elected officials support contracting in general and the specific ambulance opportunity on the table?

## ➢ Management:

- **Management Culture:** Are County, Hospital, and Fire District managers supportive of a contracting approach for ambulance services?

- **Management Skills:** Do these managers have the skills and experience to effectively plan, manage, and deliver the services under a contracting model.

- **Administration:** Are policies, procedures, systems, and controls in place, or easily developable, to administer the contracting approach, including for accounting and finance, human resources, communications, and asset management?

   Are financial, human resources, and other administrative policies, systems, and controls compatible, or easily made compatible, with the contracting approach including pay plans and union agreements?

- **Performance Measurement:** Are performance measures, output and outcome data collection processes, and reporting processes in place to establish, track, and report performance of the producing organization, public or private?

## ➢ Assets and Resources:

- **Facilities and Infrastructure:** Are facilities and other infrastructure adequate to support the contracting approach? If not, can they be acquired at a reasonable cost that does not undermine the financial feasibility model?

- **Equipment and Technology:** Are equipment and technology adequate to support the contracting model? If not, can they be acquired at a reasonable cost that does not undermine the financial feasibility model?

- **Fiscal Capacity:** Does the provider (the ASD) and the producer (the contractor) and the have the fiscal capacity to implement the contracting model? This question includes the adequacy and reliability of tax revenues, user fees and charges, assessments, reserves, cash flow, and franchise or contract fees to support the contracting model.

- **People:** Are the number and quality of service-providing staff adequate to implement the contracting model? Are supervisors adequately skilled to manage assigned staff? If not, can these resources be acquired and/or trained at a reasonable cost that does not upset the financial feasibility model?

> **Services:**

- **Service Level Expectations:** Will the quantity of services produced match provider, customer, and stakeholder expectations (not too low in particular)?

- **Service Quality Expectations:** Will the quality of services produced match provider, customer, and stakeholder expectations (not too low in particular)?

- **Operational Effectiveness:** Can operational challenges (e.g., different protocols and procedures, equipment, gear) be resolved at a reasonable cost to justify implementing the contracting approach?

- **Fiscal Effectiveness:** Does the contracting approach make financial and economic sense for the provider (in this case the County acting as Ambulance District) in terms of immediate cost savings, future cost avoidance, gains in efficiency, customer fees and charges, and potential reductions in tax burdens?

## *3.) Options Assessed*

Based on the SWOT Assessment, Employee Surveys and Questionnaires, Comparative Analysis, and prior experience in assessing alternative means of delivering public services, Mercer sees **five principal alternative approaches** to delivering ambulance services in Teton County:

1. **Ambulance District continues to contract with the Hospital.** Based on current performance Mercer considers this a viable option and will rate it.

2. **Ambulance District contracts with the Fire District.** Based on current capabilities and resources in the Fire District (e.g., two stations, six firefighters on duty 24/7, and the number of paramedic firefighters), plus their proposal for Fire-Based EMS, Mercer considers this a viable option and will rate it.

3. **Ambulance District, Fire District, and the Hospital collaborate and jointly provide ambulance services taking advantage of the strengths of each.** Mercer considers the Partnership Model a viable option and will rate it.

4. **Ambulance District contracts with some other providers, such as a private EMS provider or a hospital in Jackson, Rexburg, or St. Anthony.** Due to distance and low call volumes, Mercer does not consider this a particularly viable option and will not rate it.

5. **Ambulance District hires staff and runs the ambulance service itself.** Due to a lack of operational and management experience, Mercer does not consider this a particularly viable option and will not rate it.

**In Options 1, 2, and 3, the Ambulance District could dissolve and ambulance services be provided directly by the Hospital, the Fire District, or another organization.** Because financial support above the level of ambulance fees are needed to run the ambulance service, the dissolution option likely works best with Option #2 above as Fire is a taxing entity.

## *4.) Fire's Proposals for Ambulance Services*

**Starting in 2011, the Fire District began to express interest in providing ambulance services,** at first informally and later formally through a series of proposals (see Attachments C in Chapter IX) that evolved from Collaboration to Fire-Based EMS.

**Mercer was impressed by the concepts presented by the Fire District, but had a few comments and questions:**

> ➤ Why not wait to the next bid cycle to present a competing bid?

> ➤ Are all ambulance service costs presented in the budget table (e.g., fuel, insurance)?

> ➤ What are the real savings in the Fire-Based EMS Model as different numbers are presented in different proposals and presentations?

> ➤ Would any ambulance savings in the Fire proposals be offset by expenses in other areas, such as the hospital having to hire emergency room technicians or nursing assistants if EMS is not hospital-based?

> ➤ Would Paramedic and EMT jobs be lost in the community with a transition to Fire-based EMS? What does the communities feels about potential job loses?

> ➤ Is the "Jump Company" Model (where a three-person crew "jumps" on either a fire engine or ambulance as the call requires) the best operational option? Will fire/rescue protection be degraded if firefighters also serve as three-person ambulance crews?

> ➤ Can Fire deliver on cost savings and performance promises laid out in the proposals?

> ➤ Can Paramedics and EMT's maintain their patient care skills with so few calls <u>and</u> with limited access to the hospital emergency room and clinics (like hospital EMS staff can)?

> ➤ With a second ambulance rarely needed in emergency situations (perhaps 20 times a year for a second call or two-ambulance call per Hospital EMS data), is a second front-line ambulance needed in Victor? Inter-facility transfers, however, add 133 annual events to the need for a second ambulance. These runs are staffed by on-call hospital employees.

> ➤ Is a quicker ambulance response time needed in the Victor area when Fire's first responders (with a paramedic) now are available from the Victor fire station and most situations do not require immediate ambulance transport to TVHC?

> ➤ Is a single provider needed for effective on-scene management or can collaboration through operational protocols and training provide similar results?

> ➤ Does the Fire District have enough reserve firefighters to cover fire and ambulance requirements on major incidents?

## *5.) Assessment of Ambulance Options*

Mercer developed assessments of and ratings for three options deemed feasible by our research. Note that the ratings assigned to the Decision Criteria are Mercer's best estimate based on what we learned during the study. Basically, these rating confirm feasibility or waive red flags for potential issues and challenges in implementing each option.

1. **Continue Current TVHC Contract:** This option is rated Feasible (70 out of 80), but needs to improve in nine Decision Criteria to meet Mercer's High Performance Standards per **Exhibit 2a**. In interviews and focus groups, the current option, along with the hospital in general, rates very high for customer satisfaction and performance.

   - Major Strengths: Doing a good job now. EMS staff supports the hospital and vice versa. Continuity of care. Experienced EMS professionals.

   - Major Weaknesses: ASD at millage cap. Time delay if second call. Current relationship with Fire is poor. Cost of service is higher than Fire's proposal (but with an offsetting potential to discount the value of hospital-based EMS staff).

2. **Shift to a Fire-Based EMS Model:** This option is rated Feasible (66 out of 80), but needs to improve in eleven Decision Criteria to meet Mercer's High Performance Standard per **Exhibit 2b**. This model looks good on paper, particularly cost-wise, but has not been tested in practice.

   - Major Strengths: Most resources are now available in the current Fire District budget. Moves ALS transport closer to people near Victor with 2nd ambulance, which is available across the county for a second call. Unity of command in an emergency situation.

   - Major Weaknesses: Uneven community support (but with low participation in meetings). Field experience of Fire personnel is limited at first. Fire's relationship with the hospital is poor. Jump Company may not be sustainable and fire protection may be degraded with ambulance responsibilities.

3. **Implement a Partnership Approach:** This option is rated Very Feasible (74 out of 80, which one point below Mercer's High Performance Standard), but could improve in six Decision Criteria per **Exhibit 2c**. The last section of Chapter IV provides an overview of this model, which attempts to draw holistically on the strengths of Fire and Hospital while improving services at a slightly reduced cost.

   - Major Strengths: Draws on the strengths of all agencies. Costs slightly less with enhanced services. Moves ALS transport closer to people in Victor. Second ambulance in place for second calls, calls needing two ambulances, or during an inter-facility transfer. Fire/Rescue and medical needs are covered effectively.

   - Major Weaknesses: Can Fire and Hospital collaborate based on current contention? Unity of command issues still need to be worked out. Fire personnel will start with slightly less field experience. Requires the hospital to share the value of hospital-based EMS staff with the Ambulance District.

# 6.) Recommendations

The community (through the Ambulance Service District, Fire Protection District, and Hospital) has some **significant decisions to make concerning ambulance services.**

> ➤ Is competition or collaboration the better method in terms of services and costs <u>across</u> emergency services?

> ➤ Is an agency-by-agency (with silos) or a holistic approach the best way to meet community expectations for emergency medical services?

> ➤ Should the Ambulance Service District continue as a service providing and taxing entity or should the Fire District take over this responsibility?

> ➤ What model best serves the current and future EMS needs of the community in terms of cost-effectiveness and service levels?

> ➤ What model best protects the future of the hospital (a key community institution)?

> ➤ Is cost the driving factor in ambulance decision-making or should decisions be made with service and cost interest balanced (as presented in Mercer's Decision Criteria)?

**Mercer believes the Partnership Approach is the best path to maximizing services and minimizing costs as it:**

> ➤ Replaces competition (and its hard feelings) with collaboration, but that assumes the Fire District and Hospital can collaborate after the events of the past two years. Some don't think collaboration is possible.

> ➤ Works holistically to take advantage of the strengths of each agency and cost-saving opportunities to improve service delivery and patient care.

> ➤ Continues the Ambulance District as a taxing entity. Note that Mercer's team of consultants (with experience as city manager, finance director, budget officer, department head, fire chief, and city council member) is very hesitant to give up taxing authority during times of economic uncertainty because it's hard to get it back.

> ➤ Values and protects the hospital by leveraging imbedded EMS staff and covering inter-facility transfers without using on-call staff.

> ➤ Improves services (second ambulance, quicker transport response in Victor) AND reduces costs (lower cost for on call staff and shared value with hospital-based staff).

# C. EMERGENCY SERVICES ASSESSMENT

**Chapter V, Emergency Services in Teton County, and Chapter VI, Emergency Services Assessment**, provide a profile of current services, the results of the SWOT Assessment and Employee Surveys, and an assessment of the performance of emergency service agencies and recommended improvements in the three major areas mentioned in the RFP (consolidation/separation, overall staffing levels, and issues/risk), as well as for Mercer's *50 Management Issues for Organizational Improvement.*

## *1.) Overall Assessment*

**The Mercer Group team was impressed by emergency services agencies in Teton County. Although we make recommendations for change, the citizens of the County, board members, managers, and staff should consider them, with a few important exceptions, fine-tuning of a system that works well at present for citizens and patients. Our overall assessment of Emergency Services results in these key findings:**

➤ **Planning:** Emergency service providers in Teton County plan, manage, and operate relatively independently of each other in a Silo-like fashion perhaps and most importantly because of three elected, governing boards (County/Ambulance District, Fire Protection, and Hospital) and two elected officials (Sheriff and Prosecutor).

➤ **Services:** The level and quality of emergency services grew significantly over the past ten years with transition to 24/7/365 coverage by career, full-time firefighters, paramedics, and emergency medical technicians.

➤ **Leadership:** Leadership, management, and services across the agencies are strong and improving in several areas that needed attention (e.g., Victor station staffing, dispatch, and investigations).

➤ **Competition:** Mid-contract competition by Fire and Hospital EMS for the ambulance contract, including the 2$^{nd}$ ambulance proposal for Victor. Note, however, that the Fire Chief shared Fire's plan for collaboration as well as Fire's proposal to run the ambulances. Competition is not healthy for the agencies or the community, and does not promote good patient care.

➤ **Collaboration:** Interagency collaboration and cooperation needs to improve, starting with resolution of who should run the ambulances. With some minor exceptions noted above, cooperation on specific incidents/runs is excellent.

➤ **Protocols and Training:** Emergency services agencies are working on, but have not yet completed, updated policies, protocols, and procedures that would result in a consistent and cohesive approach to service delivery across agencies. Although some joint training is conducted, a higher level may be needed to ensure highly efficient work across agencies. Even with updated protocols and more training, a commitment to working effectively together is needed to live out this high level of inter-agency collaboration.

➤ **Staffing:** Staffing levels in some agencies have improved significantly with the creation of the Ambulance and Fire Districts. With a few possible exceptions (reserves, training), staffing in Fire and Ambulance are adequate for present responsibilities. But, the Sheriff's Office has lost some positions (then regained some) due to the post-recession budget crunch in the County's General Fund. Staffing levels are problematic in Patrol compared to communities in the Comparative Analysis.

➤ **Budget and Finance:** The Ambulance and Fire District appear to have adequate financial resources due to dedicated millage and revenue streams. The County, on the other hand, has struggled financially due to the national recession (as noted above for Sheriff's positions).

➤ **Human Resource Management:** Personnel in the Sheriff's Office (as part of the County), Fire & Rescue (as part of the Fire District), and the Ambulance Service (as part of the hospital) are managed under three different human resources systems. HR policies (e.g., compensation, hiring and promotion, discipline, and performance evaluations) are unique to each agency with Fire having a unionized workforce. Up-do-date job descriptions, regularly updated compensation and benefit plans, and annual employee performance evaluations should be standard practice in each agency.

➤ **Technology:** Technology is improving, but not optimal. The County lacks a formal Information Technology Plan, and we expect the same is true with Fire and Ambulance. Certainly there is not an emergency services-wide IT Plan in place.

➤ **Physical Assets:** Facilities and equipment are adequate in number and condition, but the three agencies use the budget process rather than a formal equipment replacement plan to keep the fleet up to industry standards.

Maintenance services for Fire, Ambulance, Sheriff, and other County agencies are the responsibility of Fire's Maintenance Chief, who is not a certified mechanic. This practice raises a potential liability issue if a County vehicle is in an accident.

## _2.) Governance_

➤ **Board/Elected Officials Working Relationship:** Government and Agency officials need to improve working relationships, especially among emergency services agencies. We recommend creation of a _Teton County Emergency Services Council_, on the model of the Local Emergency Planning Committee (LEPC), to coordinate policies, protocols, procedures, and the like in order to eliminate silos and increase cohesiveness.

➤ **Future of the Ambulance District:** The Ambulance District should continue to exist as a service provision and taxing entity for a number of reasons, particularly the difficult of regaining taxing authority once eliminated.

## 3.) Service Delivery Structure

➤ **Agency Consolidation/Collaboration:** As explained under Ambulance Service Options, Mercer recommends a Partnership Approach to ambulance services in Teton County.

➤ **Dispatch Center Oversight:** Enhance the role of the Dispatch Coordinating Committee to ensure user agencies have consistent and effective input into dispatch operations, post-operation briefings, technology issues, and long-term technology plans.

➤ **Driver's Licenses:** Consider co-locating the Driver's License operation with similar administrative functions in the courthouse, but continuing under the state-given control of the Sheriff.

➤ **Relationship with Teton County, Wyoming:** Review and renegotiate the MOU definition of allowable expenses, which appears to undercompensate Teton County, Idaho, for services provided.

## 4.) Strategic and Functional Business Planning

➤ **Strategic and Functional Business Planning:** Lacking industry-standard strategic planning models (which includes much more than the Comprehensive Plan), the County and Fire District boards should implement a strategic and functional business planning model based on the Mercer Model for Local Government Planning (see Exhibit 3).

➤ **Citizen Input and Expectations:** The Comprehensive Plan – A Vision and Framework for 2012-2030 included significant community participation, but did not drill down to operational plans (the functional business plans mentioned above). The plan lists key words that should be applied to emergency services planning, such as quality, coordinated manner, community involvement, efficiency, sustainability, common ground, partnerships, acceptable levels of services, standards, shared values and priorities, and reduced costs.

➤ **Mission and Values Statements:** Although each emergency services agency has mission statements that include organizational values, these should be updated with recommended changes in service delivery practices, roles, and partnerships.

➤ **Goals, Objectives, and Performance Measures:** The key metrics for emergency services agencies are limited in Teton County, with a few exceptions like response time expectations. The strategic and functional business planning process should identify measures such as patient outcomes, cost per capita and per incident, response times by area, investigation outcomes and clearance rates, and equipment condition and functionality.

## 5.) Management Practices

> **Collaboration:** Competition (Fire/EMS and Sheriff/Prosecutor/BOCC) has been the norm over the past several years and should be replaced with collaboration, starting with regular meeting of operational managers such as the Sheriff's Chief Deputy, Fire Chief, and EMS Director at TVHC.

> **Operational Protocols:** Although the Fire/EMS medical director has encouraged consistent protocols, policies, and procedures across agencies, more work needs to be done in a spirit of...collaboration!

## 6.) Operations Management

> **Agency Staffing:** Emergency Service agencies need to work on staffing plans in several areas. We suggest that Fire consider waiting a bit longer wait on approving the Training Chief to see how collaboration shakes out as the Shift Captains are doing a good job.

> Sheriff's Dispatch staffing improved significantly with the recent hire of Senior Dispatcher. Investigations staffing also improved with the hiring of a new Chief Deputy and reassignment of the prior Chief as an Investigations Sergeant. One more Patrol Deputy would help to ensure two persons on shift 24/7/365. This is the only new position suggested by the Mercer study!

> **Agency Schedules:** Work schedules in each emergency services agency are commonly used across the country and are time-tested. We found no problem with current schedules or with the Sheriff's potential shift to four ten-hour shifts per week.

## 7.) Resource Management

> **Budget and Financial Management:** The County and the Fire District should consider application the Government Finance Officers Association budget model, which focuses on much more than number and includes multi-year budget forecasts. Collaboration on financial administration (accounting, payables) and procurement may reduce costs and improve information compared to current practices. Implement Fire inspection fees.

> **Human Resource Management:** Performance Evaluations are sketchy in Fire and the Sheriff's Office, and should be applied annually. Mercer likes a self-evaluation system.

> **Information Technology:** County agencies have a significant investment in information technology, but lack a long-range IT Plan for hardware, software, and networks. Computer needs appear to be met through the operating budget rather than through a formal replacement plan. Technical support appears adequate.

> **Asset Management:** Once the new Law Enforcement Center opens, all emergency services agencies will have highly functional facilities. Equipment replacement, like computer replacement, is managed through the annual budget and not a formal replacement program. Equipment maintenance receives good reviews, but is carried by a mechanic who is not certified, potential raising liability issues.

# D. MERCER RESPONSE TO KEY CLIENT QUESTIONS

During review of the Draft and Updated Draft reports, the Project Steering Committee was particularly concerned about four key questions. These issues and Mercer's response are provided below, with later chapters in the report updated as appropriate.

1. **Teton County spends more than other counties (in the comparative survey) on Emergency Services. Are the services we receive better and why? If we spend less would it impact services?**

   **Fire and Ambulance Services**

   Per capita costs for Fire in Teton County are higher than most of the comparable communities and the per capita cost for Ambulance and Sheriff in Teton County are lower than most comparable counties. On a per capita basis, Teton County's cost for Fire/EMS services are reasonable considering that most of the counties surveyed for Fire/EMS rely on all volunteer or significant volunteer components to provide services. Of those counties that share the same model as Teton County (full-time personnel with limited volunteers), the cost per capita is comparable. The County's residents, through creation/funding of both the ASD and the TVFD, chose a model that does not utilize multiple fire/EMS volunteer agencies to provide emergency services.

   Full-time fire and ambulance forces historically provide a higher level of service when compared to all volunteer forces in terms of response time, staff qualifications (paramedics vs. EMT's), and physical resources. However, we lack the empirical data from the survey to make an accurate comparison of the quality of services because the many volunteer agencies in the survey do not track the same data points on response times and units dispatched, and some do not have actual budget data available.

   In terms of efficiency, however, there is capacity for Fire and Ambulance to do more with the same staffing and equipment because their call volumes are low when compared to the comparable communities.

   Assuming all factors are equal, the "cost per call" for Fire and Ambulance is high in Teton County. This cost data must be used very carefully as the key variant in the equation is the number of calls, which can change dramatically from year to year.

   In our view, emergency services are in place as a 'community insurance policy" and are effected by a number of variables discussed in the report. The Fire District specifically, provides services (fire prevention, public education, wild land, etc.) to the county in addition to responding to incidents. These services may not factor in the raw data comparisons of services, cost per capita, and cost per call for volunteer-based agencies.

   Consequently, measures that are most readily conducive to benchmarking against comparable communities include effectiveness measures and measures of efficiency that are tied not just to cost but to other forms of resource inputs such as ISO rating, response time, units dispatched, service effectiveness, and the like.

In analyzing cost data in the comparative analysis, it is natural to think that Teton County should reduce the cost of fire and ambulance calls based on costs in other communities. While the response seems obvious on the surface, cost reduction cannot be achieved without affecting the quality of service. For example, if Fire were to reduce staffing from two to one fire station, there will be a cost savings. However, service levels will be affected in that portions of the county will see longer response times, which could result in greater property damage, increased civilian injuries from fires, and increased personal injury as a result of longer medical response times. In addition, national studies show that employee injury rates will increase and efficiency will decrease with less staffing. Service area, demographics, number of stations, communities served, and staff configuration, among other variables, can affect the cost per call.

Teton County, Wyoming, by comparison serves a population and has a call volume twice that of Teton County, Idaho. Fire/EMS staff works out of 1.5-staffed stations in Jackson Hole and Wilson, and utilizes a significantly larger volunteer staff to provide protection and achieve the expected ISO rating.

Effectively, Fire/EMS protects the "single" community of Jackson Hole while the TVFD is serving two communities (Driggs/Tetonia and Victor), plus outlying areas of the county. This service area structure in Wyoming has a significant impact on the cost per call "benchmark."

## Sheriff's Services

Sheriff's calls are consistent with comparable communities and crime rates appear to meet community standards and expectations in Teton County.

## Call Volumes

Population growth, demographic changes, and economic recovery may change future call volumes in all emergency services. The call volumes for all emergency services need to be monitored closely and performance measurements defined as noted in the report to determine if current services are cost effective or need to be adjusted in the future to meet community needs.

2. **Is the Fire proposal to provide ambulance service justified based on current service demands and why? Is it justified based on cost effectiveness and why?**

The Fire proposal is justifiable based on current service demands (low call volumes for Fire and Ambulance). The Fire proposals (Partnership and Full-Service versions) show cost savings that are accurate with the exception of fuel costs and cell phone use.

Additionally, by moving the responders closer to the customers, the TVFD improves service delivery in the Victor area by adding a second ambulance and reducing response times at no or limited additional costs to the residents of the county (also achieved in the Partnership Model). In-field continuity of patient care may be improved when the same provider who makes the initial contact (the First Responder) delivers the patient to the emergency room (the Transporter). Service also may be improved in several "intangible ways" when emergency scenes are commanded by the same agency. These benefits include improved responder safety, scene management efficiency, pre-planned events are coordinated by a single agency, and county-wide issues are handled by a single agency thereby improving information sharing. These benefits, however, also can be achieved through a cohesive partnership that is recommended in the Mercer Report.

Currently, the TVHC system uses a cost recovery model for administrative services, vehicle insurance, facility rental, contract administration, accounting services, salaries, and benefits. Many of these costs are currently imbedded or would be absorbed by the Fire District as part of its current operation or are costs that the district does not have to pay. For example, the TVFD does not pay shift differential for employees working 2$^{nd}$ and 3$^{rd}$ shift hours and under federal law they have a higher overtime threshold before premium hours are paid (52 vs. 40 hours).

While the Fire's cost savings are real, the true variable (cost neutral) is the skill level of the TVFD providers. There is no doubt that the experience of the hospital-based providers is higher than those of the TVFD at present. When the hospital introduced ALS care, staff had lesser experience levels in the beginning, but skill levels grew with calls and in-hospital experience in the emergency room, clinics, and patient floors.

Under the supervision of the Medical Director and the State of Idaho, the TVFD paramedics are held to the same patient care standards and re-certification requirements as those of the current TVHC staff. The Regional Medical Director and the State will determine the qualifications/abilities of the providers based on pre-determined criteria. A locally available Medical Director will have a positive impact on ensuring the quality of patient care, particularly if this physician is the Emergency Director as well.

What would change if Fire runs the ambulances is a reduction in the almost 2,000 in-hospital patient contacts TVHC paramedics and emergency medical technicians experience throughout the year.

Regardless of the service delivery model ultimately chosen, more funds should be allocated to the continuing education of the emergency medical staff. A continuing education plan should be implemented to ensure proficiency in key medical skills such as intubation, IV's, and cardiac/trauma care protocols.

3. **Why do we need to add an additional Deputy Sheriff? What specific benefits do we get as opposed to the costs? Are these benefits justified?**

   The justification for the added Patrol Deputy position starts with data that shows the Teton County' Sheriff's Office has lower than average staffing per 1000-population than communities in the comparative analysis. In addition, according to the 2009 FBI Uniform Crime Report, the average number of sworn officers per 1000-population is 3.6 in communities with population exceeding 10,000 and is 1.9 in communities with populations under 10,000. Teton County, with a population of 10,170, has a ratio of 1.18 sworn officer per 1000-population.

   In addition, our interviews with the Sheriff, Chief Deputy, Sergeants, and Deputies identified coverage and response issues, particularly when only one Patrol Deputy is on duty (nights and weekends). Descriptions of specific incidents document officer coverage and safety issues (e.g., only one Deputy on scene at a domestic call meaning the officer must enter alone or wait for backup from the Idaho State Patrol or on call staff).

   Better data analysis by the Sherriff's Office and specific call-based performance measures will answer the return on investment question. Based on comparable data, call volumes, and interviews, Mercer recommends two officers per shift to reduce response times, improve officer safety, and enhance patrol availability.

4. **Do we need an Advisory Group and why?**

   At present, emergency services in Teton County suffer from a lack of coordination among responding agencies (Fire, Hospital, and Sheriff). The recommendations to form the Emergency Services Council (for governance) and the Operating Committee (for policies, procedures, protocols, training, etc.) seek to remove the operational silos and create a "unified command model" in which all agencies are working together toward the singular goal of public safety. With each agency reporting to a separate governing board or official, the cooperation needed to assist county residents in the event of a major emergency cannot be "willed" into action, but must come from intentional collaboration, protocols, and practice.

   The Council (with representatives from the County Board/Ambulance District, Fire District, Hospital, Sheriff, and the citizenry) will plan, set goals, allocate resources, and define expectations and reporting requirements.

   The Operations Committee would consist of the Fire Chief, Sheriff (or Chief Deputy), County Emergency Management Coordinator, Search and Rescue Director, and the Ambulance Director, with responsibility for operational coordination.

# III. COMPARATIVE ANALYSIS

This chapter of the report provides a summary of the Comparative Analysis for emergency services in over twenty similar communities across the United States.

## A. METHODOLOGY

### 1.) RFP Requirements

Per the Request for Proposals, the **scope of work** envisioned for the Emergency Services study **includes the levels of service, organizational structure, and estimated costs for** Police, Fire, Rescue, Hazmat, and Dispatch of all emergency services, Ambulance/EMS services, and Inter-facility transfer providers.

The **definitions of levels of service** must use existing national standards and reflect their adoption by similar communities. Specifically included in level of service standards must be metrics for (the first four are from the RFP and the last three from Mercer's proposal):

> ➤ Response times,
> ➤ What is provided within those response times,
> ➤ Capability or level of service provided by the personnel,
> ➤ Frequency of occurrence and geographic coverage.
> ➤ Per capita cost for service,
> ➤ ISO Rating, and
> ➤ Shift staffing for EMS/Fire, Ambulance and Police.

The County expected the contractor to utilize **population and demographic information** from publicly available resources such as the 2010 Census, 2008 Agricultural census, and **City-data.com.** Where privately-developed data was used, its source and accuracy/validity was documented. The contractor should assume growth in population is no more than 3% per year over each of the next five years.

**In identifying similar communities**, the contractor must take into account the **following types of characteristics:**

> ➤ Population and Population Density,
> ➤ Seasonality of population,
> ➤ Geographical coverage,
> ➤ Projected growth,
> ➤ Income characteristics,
> ➤ Economic conditions,
> ➤ Recreational area (e.g., ski area, national park),
> ➤ Property tax base, and
> ➤ Land use.

## 2.) Comparative Criteria

Based on RFP requirements and discussions with County, Fire, and Hospital representatives, the Mercer Group developed the following criteria for selecting communities for the Comparative Analysis:

## Primary Criteria (Driving Factors)

- ➤ **Population:** 7,500 more or less than Teton County per the 2010 US Census (and perhaps a bit larger if population density is consistent with Teton County). Teton's 2010 population is 10,170.

- ➤ **Land Area:** 400 to 800 square land miles (and perhaps a bit larger if population density is consistent with Teton County or if water is a significant percentage of total area).

- ➤ **Population Density:** Between 12 and 32 persons per square mile with small cities making up less than 50% of the total population and a small percentage of the county's land area. Teton in 2010 is 22.56 people per square mile over 450 square miles.

- ➤ **Seasonal Population Variance:** Significant number of part-time and seasonal people (retirees, 2nd home, vacationers, seasonal workers) added to the base population in the summer and winter. Also known as "rural-recreational" in USDA statistics.

## Secondary Criteria (In Approximate Order of Importance)

- ➤ **Income:** Per Capita Income between $20,000 and $30,000 annually and Household Income close to $60,000 annually.

- ➤ **Home Values:** Median value of owner-occupied homes from $200,000 to $400,000.

- ➤ **Land Use:** Rural with significant agricultural areas.

- ➤ **Transportation:** Mountains, weather, traffic, road conditions (muddy), and/or other impediments to emergency response.

- ➤ **Projected growth:** 3% or less per year

- ➤ **Location:** Services or collaboration across state boundaries.

- ➤ **Demographics:** Relatively low poverty rate (under 10%). Significant number of migrant or seasonal workers (see Seasonal Population Variance above). A bedroom community for a nearby employment center (like Jackson, Wyoming).

- ➤ **Recreational Areas (e.g., ski area, national park):** Significant Federal and State-owned lands, but under 50%, with winter and summer recreational opportunities.

- ➤ **Property tax base:** Several governments or districts with taxing authority and a high percentage of the Emergency Services budget supported by property taxes. Outside of Idaho, try to find communities with state laws that limit tax rates and expense growth.

## 3.) Initial List of Comparable Communities

Our **goal** in conducting the Comparative Analysis was to develop a list of communities that included counties in the area close to Teton County, across Idaho, in neighboring states, and nationally. Specifically, we hoped to identify ten communities in the area, Idaho, and neighboring states and ten communities nationally.

A **list of the following possible comparable communities** was generated from the Assessment Interviews with board members, managers, and staff in emergency services agencies, as well as other local officials and stakeholders; our work with the Project Coordinator to query thirty databases, including the US Department of Agriculture database (**bolded**); and Mercer's general knowledge. From this list of these 50 communities, the twenty (or so) most comparable Fire/EMS and Sheriff's agencies were selected for analysis.

### Area (adjacent to Teton County)

1. Fremont County (St. Anthony), Idaho
2. Madison County (Rexburg), Idaho
3. Teton County (Jackson), Wyoming

### Idaho and Neighboring States

4. Bonner County (Sandpoint), Idaho

5. **Clear Creek County (Georgetown), Colorado**
6. Garfield County (Glenwood Springs/Carbondale), Colorado
7. **Lake County (Leadville), Colorado**
8. **Pitkin (Aspen), Colorado (home values too high?)**
9. Routt County (Steamboat Springs), Colorado (cities population too much?)

10. **Deer Lodge County (Anaconda), Montana**

11. Summit County (Park City), Utah (36,324 population too big?)
12. Grand County (Moab), Utah (too few people per sq. mile?)

13. Park County (Cody), Wyoming

14. Mono County (Mammoth Lake), California

15. **Storey County (Virginia City), Nevada**

16. Taos County (Taos), New Mexico

## East, Midwest and Southeast States

    17. **Van Buren County (Clinton), Arkansas**

    18. **Franklin County (Apalachicola), Florida**
    19. **Glades County (Moore Haven), Florida**

    20. Central and Northern Maine

    21. **Alcona County, Michigan**
    22. **Crawford County (Grayling), Michigan**
    23. **Gogebic County (Bessemer), Michigan**
    24. **Kalkaska County (Kalkaska), Michigan**
    25. **Lake County (Baldwin), Michigan**
    26. **Missaukee County (Lake City), Michigan**
    27. **Montmorency (Atlanta), Michigan**
    28. **Oscoda County (Mio), Michigan**
    29. **Presque Isle County (Rogers City), Michigan**

    30. **Tunica County (Tunica), Mississippi**

    31. **Hickory County (Hermitage), Missouri**

    32. Northern New Hampshire (Keene and Laconia)

    33. **Graham County (Robbinsville), North Carolina**
    34. **Swain County (Bryson City), North Carolina**

    35. Goodhue County (Red Wing), Minnesota (Welch ski)

    36. **Cameron County (Emporium), Pennsylvania**
    37. **Forest County (Tionesta), Pennsylvania**
    38. **Potter County (Coudersport), Pennsylvania**
    39. **Sullivan County (Laporte), Pennsylvania**

    40. **Sabine County (Hemphill), Texas**

    41. Killington, Vermont
    42. Stowe, Vermont

    43. **Nelson County (Lovingston), Virginia**
    44. **Rappahannock County (Washington), Virginia**

    45. **Tucker County (Parsons), West Virginia**

    46. Bayfield County (Washburn), Wisconsin
    47. **Burnett County (Grantsburg), Wisconsin**
    48. Clark County (Neillsville), Wisconsin
    49. **Sawyer County (Hayward), Wisconsin**
    50. **Washburn County (Shell Lake), Wisconsin**

## *4.) Final List of Comparable Communities*

After a review of the 50 potential comparable communities, Mercer, with the assistance of Keith Gnagey, selected the following 23 finalists for detailed analysis. Because of the response problems noted in the following section of the report, detailed results are reported for 13 Fire/EMS agencies and 14 Sheriff's Offices.

## Idaho and Nearby States

- Fremont County, Idaho
- Madison County, Idaho

- Teton County, Wyoming

- Clear Creek County, Colorado
- Lake County, Colorado
- Pitkin County (Aspen), Colorado

- Taos County (Taos), New Mexico

- Storey County, Nevada

## States Outside of the Region

- Franklin County, Florida
- Glades County, Florida

- Alcona County, Michigan
- Crawford County, Michigan
- Kalkaska County, Michigan
- Missaukee County, Michigan
- Montmorency County, Michigan
- Presque Isle County, Michigan

- Graham County, North Carolina
- Swain County, North Carolina

- Sullivan County, Pennsylvania

- Nelson County, Virginia
- Rappahannock County, Virginia

- Burnett County, Wisconsin
- Sawyer County, Wisconsin

# B. SUMMARY OF RESULTS

To support the comparative analysis, Mercer developed a Fire/EMS and Sheriff's Survey to send to each community in the comparative sample. That survey is provided as **Exhibit B** in Chapter VII, Exhibits.

## *1.) Overview of the Comparative Analysis*

**Surveying the "like communities" for the comparative analysis has been a challenge for the following reasons:**

> ➢ Lack of response from some of the "like communities"
> ➢ Poor data collection by many of the "like communities"
> ➢ Teton County's unique Fire/EMS delivery system

## Lack of Response by Comparative Counties

**Mercer's contacts with each comparable community were extensive, but not fully fruitful.** An initial call was made to every County Clerk or County Administrator in the comparable counties. Surveys for collecting information on the county's' emergency services were then e-mailed to each respective County Clerk. None of these surveys were returned, which caused us to make follow-up calls to each county to collect the information over the phone. Counties that did not respond to the initial call were called up to 4-5 times before it was determined that they would be considered a "no response."

**The good news** is that these efforts currently have resulted in 14 responses from Sheriff's Offices out of 23 agencies contacted (61% of the final list of comparable counties responded).

Attempts to collect additional data from Fire and EMS agencies proved fruitful as well. Responses from 13 out of 23 contacted agencies were obtained (57% of the final list of comparable counties responded).

**The bad news** is that the number and type of agencies within each comparable county have compounded the problem of obtaining comparable Fire/EMS data. Many of the comparable counties are served by multiple volunteer fire departments. The contact information available for these agencies is limited to the unmanned fire stations, making direct contact difficult at best. E-mail and telephone contact were attempted with the Emergency Managers of each county from the reduced list resulting in the level of response noted above.

In addition, many counties with volunteer Fire/EMS agencies do not collect data on fire calls and response times, and cannot offer answers to all of our questions.

## Poor Data Collection by Comparison Counties

One of the surprises in the comparative analysis was that no Sheriff's Office in the comparable counties tracked response times, although they might have a general standard or goal. Sheriffs contacted indicated that they would have to do extensive work in order to obtain this information. Some Sheriff's Office also had problems separating dispatched calls by type and location/area.

Due to the nature of volunteer fire agencies, they are not required to report specific incident data, nor do they track specific response time data. They do track total calls for service and some post it on their website.

## Teton County Fire/EMS is Unique

The County Board through the ASD and County Residents through the TVFD chose an emergency services model using primarily full-time rather than part-time/volunteer personnel to deliver services. When the TVFD was formed, it combined three volunteer fire departments (Driggs, Tetonia, and Victor) into a single countywide fire agency. At that time ambulance services were provided by volunteers attached to the hospital. Services have matured over the past decade to include three full-time firefighters at two fire stations and two full-time Paramedics or EMT's at the hospital via the contract with the Ambulance District. All facilities and services are staffed 24/7/365. Both Fire and Ambulance have paid-on-call reserve pools for shift backup and the hospital also uses their pool for inter-facility transfers.

Many of the comparable communities analyzed, however, use multiple volunteer departments to deliver Fire and EMS services. In counties that reported for the Fire/EMS survey, we found 84 separate Fire agencies (with 3 career Fire Departments) and 4 separate EMS agencies.

## Six Key Comparable Communities

At our January 10, 2013, Steering Committee meeting, the committee agreed to reduce the comparable list to focus on a smaller list of counties, including counties that provide EMS with separate agencies and counties in nearby states that have somewhat larger size or somewhat different demographics.

**Three regional counties** often mentioned in stakeholder interviews and identified in our research are:

> **Pitkin County (Aspen), Colorado,** has a population of 17,102 over 973 square miles and is served by four separate fire districts, some of which serve two or more counties. The closest comparable agency is the Carbondale Fire Protection District, which has a response area of 320 square miles and a district population of approximately 15,000. Carbondale has 5 fire stations, but staffs only one 24/7/365 with 18 career and 80 volunteer firefighters. They provide Fire and EMS services with an average response time in the city areas of 4-8 minutes and 10-20 minutes in the rural areas. Their ISO rating is split 5/9 based on proximity to a fire station and responded to 1,167 incidents in 2012. The Carbondale district has an annual budget of 2,800,000 (Fire and EMS).

➢ **Storey County (Virginia City), Nevada**, provides a close comparison to Teton County, but with a smaller population and land area. The district of 4,123-population and 262 square miles has a district-wide ISO rating of 3. They have five fire stations, three of which are staffed 24/7 with 25 career, 31 volunteers, and 13 seasonal reserve firefighters. The average response time to both Fire and EMS calls is eight minutes, with three staffed ambulances. In 2012, they responded to 2,005 incidents. The annual budget is $3,500,000 (Fire and EMS).

➢ **Taos County (Taos), New Mexico**, in contrast provides EMS countywide and is served by 12 separate fire agencies, one of which is career. The county of 32,937-population is 2,205 square miles with difficult terrain in much of the area. They staff one station 24/7 and a sub-station 16 hours per day with 32 providers. They have an average response time of "less than 10 minutes" in the nearby area, 15-20 minutes to the more rural area, and as long as 45-60 minutes to the farther reaches. In 2012, they responded to 2,980 incidents. The annual budget is $1,100,000.

In addition, meetings and discussions with **nearby Counties** show different models as well:

➢ **Fremont County, Idaho:** Provides countywide basic life support EMS services for their 15,000 residents with 60 part-time EMT's. They respond to an average of 750 medical incidents per year with an annual budget of $274,000 for EMS. Three volunteer fire districts provide fire protection for the county over a total area of 2,000 square miles. The ISO rating is not available, but presumed to be 8-10.

➢ **Madison County, Idaho:** A countywide fire district serves a population of 40,000 over 480 square miles, and provides both Fire and EMS services. They responded to 1,500 incidents from three stations (1 staffed 24/7) with 17 career and 58 volunteer firefighters. The annual budget is $2,439,100; their average city response time is 5 minutes and 20-30 minutes rural; and they have a split ISO rating of 4/9 for city and rural areas.

➢ **Teton County, Wyoming: Teton** County uses a hybrid model for Fire and EMS with some full-time staff and a large number of volunteers providing services out of two stations (one in Jackson and the other near Wilson). They also have a small station in Alta. Fire and EMS is one of several joint City-County agencies (Transit and Police are others). Governance and oversight of joint services is by the so-called "Group of Ten" (members of the City Council and County Board), who meeting monthly. Teton County has a total area of 4,222 square miles with much of that consisting of Federal lands. The average response time is 9 minutes in the cities and 26 minutes to rural areas. The ISO rating is 5 in the City of Jackson, 7 near stations, and 10 in rural areas. The annual budget for Fire and EMS is $3,876,519.

## *2.) Fire and EMS Survey*

The Fire and EMS survey produced reliable responses from twelve agencies, which are summarized in **Tables EMS-1, 2, and 3** that follow.

## Fire and EMS Profiles

**Table EMS-1** reveals that few counties apply a Fire/EMS model similar to that in place in Teton County:

> ➢ One county (Clear Creek County, Colorado) shares the model of Teton County (countywide EMS and Fire Services by two separate agencies).

> ➢ Five counties (Fremont County, Idaho; Taos County, New Mexico; Missaukee County, Michigan; Graham County, North Carolina; and Sawyer County, Wisconsin) use a single countywide EMS provider supported by multiple volunteer fire agencies.

> ➢ Four counties (Madison County, Idaho; Teton County, Wyoming; Glades County, Florida; and Storey County, Nevada) have Fire and EMS services in the same agency.

The remaining counties on the list of comparable communities are served by a multitude of volunteer Fire and EMS services. In the final 12 counties listed on the exhibit, there are 68 fire departments and an unknown number of EMS providers.

In some communities Fire and EMS services are combined; however, we were unable to make contact with them and, therefore, they are not included in the analysis.

## Cost of Service Data

The fire service nationally has not created an effective formula or determined factors that can explain cost of service differences in communities that appear on the surface to be similar. There are a number of factors that contribute to the cost of delivering services, such as:

> ➢ Availability or proximity of mutual aid partners,
> ➢ Availability of volunteers,
> ➢ Types of hazards in a given area,
> ➢ Types of services provided by the agency, and
> ➢ Each community's stated service standards.

These factors make it very difficult if not impossible to develop "apples to apples" comparisons among Fire Departments using available cost of service data. In our experience and in the literature, full-time forces historically have a higher cost of service and provide a higher level of service when compared to volunteer forces.

However, we lack of empirical data to make an accurate comparison of the cost and quality of service across the survey. The volunteer agencies in the survey do not track the same data points on response times and some do not have actual budget data available.

Using calculations of Per Capita Cost, Per Incident Cost, and Staff Per Capita, **Table EMS-2** that follows illustrates the costs for counties that appear to be "comparable" but again the data may not compare "apples to apples."

## **Response Times and ISO Ratings**

**Table EMS-3** shows that response time are relatively similar across the sample and cluster around 6-7 minutes in cities and 20-30 minutes in rural areas.

Similarly, ISO ratings cluster between 4 and 6 in cities and 9-10 in rural areas, except for Storey County, Nevada, (a relatively small area of 262 square miles) that has a rating of three county-wide).

Teton County agencies, therefore, are relatively comparable to the other counties in the survey.

## Table EMS-1

## *Comparable Fire and EMS Agencies*

| COUNTY DESCRIPTION | SIZE AND POP. | AVE RESPONSE TIME (MIN) | ANNUAL BUDGET | STAFF | STATION DATA | # OF CALLS PER YEAR | ISO RATING | EMS SERVICE |
|---|---|---|---|---|---|---|---|---|
| **Teton, ID** **Fire District** | 450 sq. miles 10,170 | 3-7 City 10-20 Rural | 2,017,668 | 21 FT 8 PT | 3 total 2 staffed 1 vol. | 445 | 4 City 9 Rural | No Transport, First Responder |
| **Teton, ID** **TVHC** | 450 sq. miles 10,170 | 4-15 City* 16-30 Rural | 582,519 | 8 FT 16 PT | 1 total | 608 | NA | Yes |
| **Fremont, ID** **County EMS** Fire Service is | 2000 sq. miles 15,000 Covered | N/A By 3 | 274,000 Volunteer | 60 PT Fire | ???? Depts. | 750 NA | NA NA | Yes No |
| **Madison, ID** **Fire/EMS** | 480 sq. miles 40,000 | 5 City 10-20 Rural | 2,439,100 | 17 FT 58 PT | 3 total 1 staffed 2 Vol. | 2000 | 4 City 9 Rural | Yes |
| **Teton, WY** **Fire/EMS** | 4222 sq. miles 21,548 | 9 City 26 Rural | 3,876,519 | 21 FT 9 PT 85 Vol. | 7 total 1.5 staffed 5.5 Vol. | 1500 | 5 City 7 near stations 10 rural | Yes |
| **Clear Creek, CO** **Fire Authority** | 365 sq. miles 7,500 | 3-5 City 20-30 Rural | 1,412,123 | 3 FT 45 Vol. | 9 Total (3 can be staffed) | 1276 | 6 City 9 Rural | No Transport, First Responder |
| **Clear Creek, CO** **County EMS** | 365 sq. miles 7500 | N/A | 1,328,802 | 7 FT 30 PT | ???? | 1500 | NA | Yes |
| **Lake, CO** **Fire/Rescue Dist.** | 377 sq. miles 9,000 | 2-5 City 20-40 Rural | 783,000 | 10 FT 3 Vol. | 1 total | 700 | 6 City 9 Rural | No. Hospital-based ems |
| **Glades, FL** **Dept. of Public Safety (DPS)** **(Fire/EMS)** | 780 sq. miles 12,000 | 4-9 City 9-15 Rural | 1,600,000 (400,000) fire | 2FT fire 30PT fire 14PTems | 6 fire 5 amb. | 1100 fire 1800 ems | 5 City 9 Rural | Yes (by DPS) |
| **Missaukee, MI** **County EMS** Fire Service is | 600 sq. miles 15,000 Covered | 8 City 35 Rural by 7 | 700,000 Volunteer | 7 FT 23 PT Fire | 2 total 1 staffed Depts. | 1278 NA | NA NA | Yes No |
| **Graham, NC** **County EMS** Fire Service is | 293 sq. miles 8-12,000 Covered | 5 City 15 Rural by 2 | 900,000 Volunteer | 15 FT 2 PT Fire | 1 staffed Depts. | 2000 NA | NA NA | Yes No |

**Note:** Teton County ambulance response times to Driggs would be at the lower end of the range and to Victor at the higher end.

# Table EMS-1

## Comparable Fire and EMS Agencies (continued)

| COUNTY DESCRIPTION | SIZE AND POP. | AVE RESPONSE TIME (MIN) | ANNUAL BUDGET | STAFF | STATION DATA | ANNUAL CALLS | ISO RATING | EMS SERVICE |
|---|---|---|---|---|---|---|---|---|
| Sawyer, WI County EMS | 1300 sq. miles 17,000 | 10 City 40 Rural | 1,200,000 | 1 FT 80 PT | 5 total 0 staffed | 1800 | NA | Yes |
| Fire Service is | Covered | by 12 | Volunteer | Fire | Depts. | NA | NA | No |
| Pitkin, CO | 973 sq. miles 17,102 | 4-8 City 20 Rural | 2,800,000 | 18 FT 80 PT | 5 total 1 staffed | 1,167 | 5 city 9 rural | NA |
| Four Fire Districts | Serve | Pitkin + | Other | Counties | | | | |
| Storey, NV Fire/EMS | 262 sq. miles 4,500 | 8 county wide | 3,500,000 | 25 FT 31 Vol. 13 Season | 5 total 3 staffed | 2000 | 3 District wide | Yes |
| Taos, NM County EMS | 2200 sq. miles 5,900 | 10 City 20-60 Rural | 1,100,000 | 35 Total | 2 total 1 staffed | 2980 | NA | Yes |
| Fire Service is | Covered | by 12 | Volunteer | Fire | Depts. | NA | NA | No |
| COMPARABLES AVERAGE | 1,103 sq. miles 13,745 | 6 city 20 rural | 1,600,000 | 13 FT | 4.3 Total 1.7 Staffed | 1600 | 4.9 city 9.6 rural | |
| | | | | | | | | |
| Franklin, FL | ******* | ALL | Volunteer | (2) Fire | And | (1) EMS | Services | ******* |
| Alcona, MI | ******* | ALL | Volunteer | (11) Fire | And | (1) EMS | Services | ******* |
| Crawford, MI | ******* | ALL | Volunteer | (6) Fire | And | EMS | Services | ******* |
| Kalkaska, MI | ******* | ALL | Volunteer | (5) Fire | And | EMS | Services | ******* |
| Montmorency, MI | ******* | ALL | Volunteer | (3) Fire | And | EMS | Services | ******* |
| Presque Isle, MI | ******* | ALL | Volunteer | (6) Fire | And | EMS | Services | ******* |
| Swain, NC | ******* | ALL | Volunteer | (2) Fire | And | EMS | Services | ******* |
| Sullivan , PA | ******* | ALL | Volunteer | (9) Fire | And | EMS | Services | ******* |
| Nelson, VA | ******* | ALL | Volunteer Career | (8) Fire (1) Fire | And | (1) Career EMS | Services | ******* |
| Rappahannock, VA | ******* | ALL | Volunteer | (7) Fire | And | EMS | Services | ******* |
| Burnett, WI | ******* | ALL | Volunteer | (4) Fire | And | EMS | Services | ******* |
| Washburn, WI | ******* | ALL | Volunteer | (4) Fire | And | EMS | Services | ******* |

**Note:** Pitkin, CO, data is primarily for Carbondale FPD that serves 15,000 people over 320 square miles.

## Table EMS-2

### *Fire/EMS Cost of Service*

| COUNTY SERVICE | COST PER CAPITA | COST PER CALL | PEOPLE SERVED PER FT STAFF |
|---|---|---|---|
| **Teton County-Fire** | **$198.39** | **$4,534.08** | **484** |
| Teton WY FD | $179.90 | $2,584.35 | 1,026 |
| Clear Creek CO FD | $188.28 | $1,106.68 | 1,071 |
| Madison ID Fire/EMS | $ 60.98 | $1,219.55 | 2,353 |
| Storey NV FD | $777.77 | $1,750.00 | 180 |
| Lake CO FD | $ 87.00 | $1,118.57 | 900 |
| Glades FL FD | $ 33.33 | $ 363.64 | 6,000 |
| **COMPARABLES AVERAGE** | **$221.21** | **$1,357.13** | **1,922** |
| | | | |
| **Teton County-Ambulance** | **$ 58.25** | **$ 958.09** | **1,271** |
| Fremont ID EMS | $ 18.27 | $ 365.33 | All Part-time |
| Clear Creek CO EMS | $177.17 | $ 885.87 | 1,071 |
| Missaukee MI EMS | $ 46.67 | $ 547.73 | 2,143 |
| Graham NC EMS | $112.50 | $ 450.00 | 533 |
| Sawyer WI EMS | $ 70.59 | $ 666.67 | 17,000 (1 FT) |
| Taos NM EMS | $186.44 | $ 369.13 | 169 |
| **COMPARABLES AVERAGE** | **$101.94** | **$ 547.46** | **4,183** |

## Table EMS-3

### Teton Comparable Fire/EMS Benchmark Summary

| COUNTY SERVICE | RESPONSE TIME | ISO RATING |
|---|---|---|
| **Teton Valley FD** | **3-7 city, 10-20 rural** | **4 city, 9 rural** |
| Madison ID Fire /EMS | 5 city, 10-20 rural | 4 city, 9 rural |
| Teton WY Fire/EMS | 9 city, 26 rural | 5 city, 7 by a station, 10 rural |
| Clear Creek CO FD | 3-5 city, 20-30 rural | 6 city, 9 rural |
| Lake CO FD | 2-5 city, 20-40 rural | 6 city, 9 rural |
| Glades FL Fire/EMS | 4-9 city, 9-15 rural | 5 city, 9 rural |
| Storey NV Fire/EMS | 8 district-wide | 3 district-wide |
| **COMPARABLES AVERAGE** | **5 city, 19-28 rural** | **5.8 city, 8.2 rural** |
| | | |
| **Teton Valley HC** | **4-15 city, 16-30 rural** | **NA** |
| Fremont ID EMS | NA | NA |
| Clear Creek CO EMS | NA | NA |
| Missaukee MI EMS | 8 city, 35 rural | NA |
| Graham NC EMS | 5 city, 15 rural | NA |
| Sawyer WI EMS | 10 city, 40 rural | NA |
| Taos NM EMS | 10 city, 20-60 rural | NA |
| **COMPARABLES AVERAGE** | **8 city, 28-38 rural** | **NA** |

## *3.) Sheriff's Office Survey*

We received reliable responses from fourteen Sheriff's Offices across the United States, including three neighboring counties (Fremont and Madison in Idaho and Teton in Wyoming). Data is summarized on **Tables S-1, 2, and 3** that follow.

## Sheriff's Office Profiles

**Table S-1** that follows provides a profile of the comparable County Sheriff's Offices, which includes budget, annual calls for service, staff per shift, total staff and patrol staff, back up providers, arson staff, and reserve unit.

As indicated in the chart, some departments were unable to provide specific information on the number of calls related to the Sheriff's Office. Recent Dispatch System data identifying the total number of calendar year 2012 calls and calls by agency in Teton County, Idaho, do not seem to match to data provided by Fire and Hospital EMS, so we used FY 2012 data.

Fire (445) and Ambulance (608) runs in FY 2012 were provided by those agencies. Sheriff's calls for October 2011 thru September 2011 (8,350) were based on information from the Sheriff's Office and calculated based on total estimated calls of 9,400 less Fire and Ambulance calls from their data.

Teton County's use of contracted jail services via Madison County is very unique. All other counties in the survey operate a jail.

## Cost of Service Data

**Table S-2** that follows documents four cost or staffing factors for comparable Sheriff's Offices:

> ➤ Per Capita Cost- cost of service per resident
> ➤ Per Incident Cost- cost per incident
> ➤ Patrol Per Capita- number of patrol officers per resident
> ➤ Staff Per Capita- number of total staff per resident

The results of the preliminary data for the Teton County Sheriff's Department are excellent when compared to Per Capita Cost in other agencies. Note that Per Incident Cost will not be available until we have better Sheriff-specific data from Dispatch.

The coverage for patrol on the Patrol Per Capita and Staff per capita indicates that staffing for the department is a bit lower than the comparable communities. Teton County has 1.18 sworn officer per 1000-population compared to a group average of 1.36.

## Dispatch Survey

As shown on **Table S-3**, Teton County's Dispatch operation has lower overall staffing and staffing per shift than comparable operations. Teton Dispatch just hired a Dispatch Supervisor and is in the process of developing overlapping shifts.

# Table S-1

## Profiles of Comparable Sheriff's Offices

| COUNTY | BUDGET | CALLS FOR SERVICE | STAFF PER SHIFT | TOTAL STAFF/PATROL | BACK UP | ARSON STAFF | RESERVE UNIT |
|---|---|---|---|---|---|---|---|
| Teton, Idaho | $ 929,081 | 8,350 estimated, but need to be checked | 1-2 plus day staff | 19/8 patrol contract jail services | Idaho State Patrol | no-in Fire | no |
| | | | | | | | |
| Fremont, Idaho | $2,385,651 | 3,500 | 2 per shift plus supervisor | 36/11 patrol Total includes jail | Idaho State Patrol | yes | yes |
| Madison, Idaho | $3,200,000 | 7,153 | 2 per shift | 60/14 patrol Total includes Jail | Yes –cities and Idaho State Patrol | yes | yes |
| Teton, Wyoming | $5,000,000 | NA | 3-6 per shift | 63/17 patrol Total includes jail | Yes-cities | yes | no |
| Clear Creek, Colorado | $6,500,000 | NA | 3 per shift | 76/12 patrol Total includes jail | Yes-cities | No-State Police | no |
| Franklin, Florida | $4,500,241 | 6,731 | 5 | 74/32 patrol Total includes jail | Yes-cities | No-state Police | yes |
| Glades, Florida | $4,200,000 | | 4 | 160/18 patrol Total includes jail | Yes-State Police | no-State Police | yes |
| Crawford, Michigan | $2,300,000 | 4,810 | 1-3 | 11/10 patrol Total includes jail | Yes-State Police | no-State Police | yes |
| Kalkaska, Michigan | $3,000,000 | 4,056 | 1-2 | 51/12 patrol Total includes jail | Yes-State Police | yes | yes |
| Missaukee , Michigan | $1,500,000 | NA | 1 | 45/15 patrol Total includes jail | Yes-State Police | yes | yes |
| Montmorency, Michigan | $1,440,000 | NA | 2 | 24/9 patrol Total includes jail | Yes-State Police | no | no |
| Graham, North Carolina | $1,000,000 | 2,000 | 1-3 | 33/14 patrol Total includes jail | Yes-off duty | no | yes |
| Swain , North Carolina | $3,842,955 | 7,189 | 3 | 25/12 patrol Total includes jail | Yes-city | yes | yes |
| Burnett, Wisconsin | $3,000,000 | 2,688 | 2-3 | 38/12 patrol Total includes jail | Yes-cities | yes | no |
| Sawyer, Wisconsin | $4,300,000 | 8,000 | 4 | 60/18 patrol Total includes jail | Yes-cities | no-State Police | yes |
| COMPARABLES AVERAGE | $3,297,642 | 5,125 | 1-6 range 2.5 min 3.1 max | 54/14.7 patrol Total includes jail | State Patrol (6) Cities (7) Off Duty (1) | Yes (7) Other (7) | Yes (10) No/Other (4) |

## Table S-2

### Cost and Staffing Data for Sheriff's Offices

| COUNTY | POPULATION | PER CAPITA COST | PER INCIDENT COST | PATROL PER CAPITA | NON-JAIL SWORN STAFF PER CAPITA | NON-JAIL SWORN STAFF PER 1000-POP |
|--------|-----------|-----------------|-------------------|-------------------|--------------------------------|-----------------------------------|
| Teton, Idaho | 10,170 | $91 | $111 | 1 officer per 1,453 | 1 officer per 848 | 1.18 per 1000 residents |
| Fremont, Idaho | 13,128 | $182 | $681 | 1 officer per 1,945 | 1 officer per 365 | 1.0 per 1000 residents |
| Madison, Idaho | 37,864 | $85 | $447 | 1 officer per 631 | 1 officer per 2,705 | .42 per 1000 residents |
| Teton, Wyoming | 21,548 | $232 | NA | 1 officer per 342 | 1 officer per 1,262 | 1.0 per 1000 residents |
| Clear Creek, Colorado | 9,088 | $715 | NA | 1 officer per 119 | 1officer per 757 | 1.5 per 1000 residents |
| Franklin, Florida | 11,549 | $390 | $669 | 1 officer per 361 | 1 officer per 156 | 2.7 per 1000 residents |
| Glades, Florida | 12,635 | $332 | NA | 1 officer per 702 | 1 officer per 301 | 1.6 per 1000 residents |
| Crawford , Michigan | 14,074 | $163 | $478 | 1 officer per 1,407 | 1 0fficer per 1,279 | 1.0 per 1000 residents |
| Kalkaska, Michigan | 17,160 | $175 | $740 | 1 officer per 1,430 | 1 officer per 336 | 1.0 per 1000 residents |
| Missaukee, Michigan | 14,911 | $101 | NA | 1 officer per 994 | 1officer per 331 | 1.14 per 1000 residents |
| Montmorency, Michigan | 9,765 | $148 | NA | 1 officer per 1,085 | 1 officer per 406 | 1.12 per 1000 residents |
| Graham, North, Carolina | 8,861 | $113 | $500 | 1 officer  per 633 | 1officer per 269 | 1.8 per 1000 residents |
| Swain, North Carolina | 13,981 | $275 | $535 | 1 officer per 1,165 | 1 officer per 559 | 1.0 per 1000 residents |
| Burnett, Wisconsin | 15,054 | $119 | $1,116 | 1officer per 1,254 | 1 officer per 418 | 1.0 per 1000 residents |
| Sawyer, Wisconsin | 16, 929 | $254 | $537 | 1 officer per 940 | 1 officer per 282 | 1.18 per 1000 residents |
| COMPARABLES AVERAGE | 16,943 | $234 | $633 | 1 officer per 929 | 1 officer per 673 | 1.36 per 1000 residents |

**Note:** Sworn staff in Teton County includes the Sheriff, Chief Deputy, Civil Deputy, Investigators, Patrol Deputies (12 total).

## Table S-3

### *Dispatch Staff and Services*

| COUNTY | TOTAL STAFF | ANNUAL CALLS | CALLS PER STAFF | STAFF PER SHIFT | SERVICE AREA | EMERGENCY SERVICES DISPATCHED |
|---|---|---|---|---|---|---|
| Teton, Idaho | 6 | 9,500 | 1,583 | 1 and may overlap to 2 | County | All |
| Fremont, Idaho | 7 | 5,500 | 786 | Most of time 1, but sometimes 2 | County | All |
| Madison, Idaho | 6 | 7,153 | 1,192 | 2 most of the time, but couple times week not | County | All |
| Teton, Wyoming | 12 | 7,251 | 604 | 2-4 | County | All |
| Clear Creek, Colorado | 10 | NA | NA | 2-3 | County | All |
| Franklin, County, Florida | 9 | 21,784 | 2,402 | 2 | County | All |
| Glades County, Florida | 2 | NA | NA | 7 | County- | All |
| Crawford County, Michigan | 7 | 21,558 | 3,079 | 1-2 | County | All |
| Kalkaska County, Michigan | 6 | NA | NA | 2 | | All |
| Missaukee County, Michigan | 6 | NA | NA | 1 | County | All |
| Montmorency County, Michigan | 4.5 | 4,000 | 889 | 1 | County | All |
| Graham County, North Carolina | 8 | 7,000 | 875 | 2 | County- | All |
| Swain County, North Carolina | 7 | 13,838 | 1,976 | 1-2 | County | All |
| Rappahannock County, Virginia | 6 | NA | NA | 1 | County | All |
| Burnett County, Wisconsin | 18 | 13,484 | 749 | 3 | County | All |
| Sawyer County, Wisconsin | 7 | NA | NA | 1-2 | County | All |
| COMPARABLES AVERAGE | 7.7 | 11,107 | 1,395 | 1-7 Most = 2 | All County | All |

**Note:** Teton County's Senior Dispatcher (the Dispatch Supervisor) works shifts. Backup dispatchers include the Administrative Manager and the Civil Deputy.

# C. CONCLUSIONS AND LESSONS

## *1.) Key Findings*

**Four key findings are evident from the comparative analysis:**

1.) **Fire:** Teton County has a relatively higher investment in Fire services than comparable counties as reflected by total budget and cost/personnel per capita.

   - Fire Cost Per Capita: $221.21 in the sample vs. $198.39 in Teton County.

   - Fire Cost Per Call: $1,357.13 in the survey vs. $4,534.08 in Teton County due to somewhat higher cost than most sample agencies and much lower call volumes.

   - Fire Staff: Each career position serves 1,922 people in the survey vs. 484 in Teton County.

2.) **EMS:** Teton County has a similar, but for cost criteria slightly lower, investment in EMS services than comparable counties as reflected by cost/personnel per capita.

   - Ambulance Service Cost Per Capita: $101.94 in the survey vs. $58.25 in Teton County.

   - Ambulance Service Cost Per Call: $547.46 in the survey vs. $958.09 in Teton County due to comparatively low call volumes.

   - Ambulance Service Staff: Each career position serves 4,183 people in the survey vs. 1,271 in Teton County. But if Sawyer County is deleted from the survey average as unrepresentative, each career position services 979 people or a bit lower than Teton County.

3.) **Sheriff:** Teton County has a relatively lower investment in the Sheriff's Office than comparable counties as reflected by total budget and cost/personnel per capita.

   - Cost Per Capita: $234 in the survey vs. $91 in Teton County

   - Patrol Staff Per Capita: 1 Patrol Officer per 929 residents in the survey vs. one officer per 1,453 in Teton County

   - Non-Jail Sworn Staff Per Capita: 1.36 officers per 1000 residents in the survey vs. 1.18 officers per 1000 residents in Teton County

4.) **Annual Calls:** Fire/EMS annual calls are much lower than the survey average while Sheriff's calls are fairly close to the average.

## 2.) Fire/EMS

## Conclusions

From the surveys and resulting data, we learned that:

> **Conducting the Comparative Analysis:** It's easier said than done. Some good data and lessons are available from some communities, but the analysis often compares apples to oranges and it's pulling teeth to get good data from communities with similar size and demographics.

> **Service Delivery Structure:** The Volunteer Model (all volunteers) or the Hybrid/Combination Model (small number of full-time staff plus volunteers) are the prevailing models in comparable communities. So, Teton County is unique with its Full-time, Career Model for Fire and EMS. Only one county in the survey (Clear Creek County, Colorado) shares Teton County model. Separate Fire and Ambulance agencies are most common, but there are several combined agencies. (See Table EMS-1)

> **Calls for Service:** Both Fire and Ambulance are well below the average number of calls for service for comparable agencies, which indicates there is capacity for both agencies to absorb increased call volumes with the same staffing. (See Table EMS-1)

> **Response Times:** Both the Fire Protection District and the Ambulance District (through the hospital) are consistent with comparable counties. (See Table EMS-1)

> **ISO Rating:** The Fire Protection District is consistent with comparable counties (around 4 for cities and around 9 for rural areas). (See Table EMS-1)

> **Fire Staffing:** Teton County Fire has more full-time firefighters (21) than the comparative average (13), which makes sense based on your model. Many comparable communities staff some, but not all Fire stations on a full-time basis. (See Table EMS-1)

> **Cost of Service:** While the cost per service data in Table EMS-2 shows a wide disparity between the agencies, Teton Fire is below the sample average per capita, but above 5 of 6 agency's cost per capita, and well above the per call average. Teton Ambulance is below the average cost per capita, but higher than the per call average

> **Fire/Ambulance Unit Staffing:** The survey did not produce good data on unit staffing in the Fire and Ambulance services. From selected interviews, we believe Teton County is similar to other comparable counties (and national practices) with three minimum for a ladder/engine and 2-3 for an ambulance.

> **Response Protocols:** Again, the survey did not produce good data on response protocols for different kind of calls. From selected interviews, we believe Teton County is similar to comparable communities (and national practices) in that both first responder (Fire) and ambulance crews respond to major health events, plus the Sheriff if the situation calls for law enforcement and/or traffic control.

## Lessons for Teton County Fire and EMS

The major lessons for Teton County are described below. Additional discussion of these issues is presented in Chapter VI, Emergency Services Assessment.

> **Comparable Communities:** Mercer suggests emergency service agencies in Teton County pick 6 to 8 comparable communities and track them over time, including site visits to deepen your understanding of their resources and operations. These comparables could include the three regional and three area counties mentioned earlier (Pitkin, Storey, Taos, Fremont, Madison, and Teton). Tracking over time would allow for additional data on unit staffing and response protocols, policies and procedures, and other data not available or collectable in Mercer's survey.

> **Service Delivery Structure:** The County (through creation of the Ambulance District) and citizens (through a vote to create the Fire District) reacted to the population and building boom from 2000 to 2006 by professionalizing and enhancing fire and ambulance services. We respect these decision, but give some caution post-bust, as follows:

  - Have a community conversation on the post-bust missions, service expectations, and level of investments in fire and ambulance services.

  - Until that conversation is complete, hold current staffing, facilities, and equipment at current levels (or as adjusted in Mercer recommendations in Chapter IV, Emergency Services Assessment, and Chapter V, Ambulance Service Options).

> **Response Times:** With staffed stations in Driggs and Victor, Fire response times appear relatively optimized compared to community expectations for city and rural areas. Enhanced response time measurement and reporting through the Dispatch system should include overall incident time or "continuous time" from unit dispatch until Fire units return to the station or an Ambulance unit delivers its patient to the hospital.

> **ISO Rating:** Although the Fire Department has a goal of a 3 rating close-in to current stations, we are not convinced it is worth the investment to bring the rating down from 4.

> **Unit Staffing:** Continue current practices for fire and ambulances with work on covering the times when a third person is needed on the ambulance (two in back and one driving).

> **Response Protocols:** Review protocols to determine appropriate response criteria (number of units and personal) for different incident types. In addition, expand public education to explain why and how Fire, Ambulance, and Sheriff respond to incidents.

> **Performance Measurement:** Emergency Services agencies should start measuring the effectiveness of the EMS and Fire services in Teton County by adopting a system of performance measurement that will accurately measure the activities that are important to the residents of Teton County.

➤ **Cost of Service:** Although the Teton County Fire cost per capita are higher and the Ambulance cost per capita are lower than most communities in the survey (per Table EMS-2), per capita costs for Fire and Ambulance in Teton County are relatively comparable to the cost for communities using the same service delivery model – a countywide agency with primarily full-time personnel – chosen by the County Board (for ambulance) and county citizens (for fire).

Assuming all factors are equal, the cost per call data is much higher for fire and ambulance services in Teton County due to a low call volume, as well as to the decision to implement full-time fire and ambulance personnel vs. volunteers or a mix of full-time and volunteers (the Hybrid Model). Cost per call data must be used carefully since the key variant in the equation is the number of calls, which can change dramatically year-to-year. Emergency services are a "community insurance policy" and are affected by a number of variables. The Fire District specifically provides services to the county (fire prevention, public education, wild land) in addition to responding to calls for service. These services may not be factored in the raw cost per call data in other communities.

Consequently, measures that are most readily conducive to benchmarking are efficiency and effectiveness measures that are tied, not to dollars, but to other forms of resource inputs such as ISO rating, response time, service effectiveness, and the like.

Coverage area, demographics, number of stations, communities served, and staff configurations (among other variables) affect the cost per call. Teton County, Wyoming, for example, serves a population and had a call volume twice that of Teton County, Idaho. The Wyoming County has 1.5 staffed stations that primarily protect the relatively compact "single" community of Jackson Hole while the TVFD serves two communities (Driggs/Tetonia and Victor), as well as outlying areas. In addition, Teton County, Wyoming, uses a significantly larger volunteer staff to provide protection. Their decreased ISO rating shows the effect of their approach to and the quality of services, as well as impacts their cost per call benchmark (about 60% of Teton County, Idaho).

As a cost savings measure, it would be natural to focus on reducing the cost per call. While this answer appears obvious, significant cost savings cannot be achieved without changing the current service delivery model, which could affect the quality of service. For example, if Fire were to reduce services by staffing only one station, costs would be reduced, but services also would be reduced (particularly relating to response times to the Victor area). This observation brings us back to the idea of a "community conversation" on service delivery structure and costs discussed on the prior page.

In our experience, dedicated, full-time forces historically provide a higher level of service when compared to all volunteer forces. However, we lack the empirical data from the comparative survey to make an accurate comparison of the quality of services. The volunteer agencies in the survey do not track the same data points on response times and unit responses, and some do not have actual budget data available.

# 3.) *Sheriff*

## Conclusions

From the surveys and resulting data, we learned that:

➤ **Conducting the Comparative Analysis:** It's easier to compare Sheriff's Offices than Fire/EMS agencies with some exceptions (response times). Good data and lessons are available from many communities, but with a bit of pulling teeth on some data elements.

➤ **Service Delivery Structure:** Teton County is the only community that does not operate a jail. Except for Drivers Licenses and SAR (perhaps unique to Idaho), the structure of Sheriff's services is comparable to the sample and to national practices. Back up in other communities is the State Police (as in Teton County), local Police Departments, or mutual aid from area counties. Unlike Teton County, several Sheriff's Offices have arson and reserve units. (See Table S-1)

➤ **Budget and Cost of Service:** The Teton County Sheriff's Office has the lowest total budget and lowest per capital budget in the survey. Jail costs represent contract expenses in Teton County and jail operation expenses in other counties. Until 2012 call for service data by agency is perfected, the Cost per Incident data is problematic. (See Tables S-1 and S-2)

➤ **Calls for Service:** Sheriff's calls are consistent with the comparable communities and crimes rates appear within community expectations. Population growth and changing demographics (including revived development) may change future call volumes. Therefore, call volumes need to be monitored over time and performance measures developed to adjust services and resources in the future.

➤ **Sworn and Patrol Staffing:** Sworn staffing in Teton County is slightly below the survey average (1.18 sworn staff per 1000-population in Teton County compared to 1.36 in the survey). Sworn staffing differences are most evident in Patrol, particularly Staff per Shift (One Patrol Officer per 1,453 people compared to one per 929 people in the survey). (See Tables S-1 and S-2)

➤ **Dispatch:** Staffing in the Dispatch Center is about 1.7 FTE below the survey average, but the Administrative Manager and Civil Deputy in Teton County are available to work shifts or fill in during shifts. Staff per shift varies across the sample, but most aim for a minimum of two dispatchers on duty per shift.

➤ **Response Protocols:** Again, the survey did not produce good data on response protocols for different kind of calls. From selected interviews, we believe Teton County is similar to comparable communities (and national practices), but at times has only one deputy available to respond to a call (evenings and weekends).

## Lessons for Teton County Law Enforcement

The major lessons for Teton County are described below. Additional discussion of these issues is presented in Chapter VI, Emergency Services Assessment.

> **Comparable Communities:** Like Fire and Ambulance, pick six to eight communities to track over time, including site visits. These communities would include the three area counties (Fremont and Madison in Idaho and Teton in Wyoming). Issues to explore include response times, response protocols (particularly in association with Fire and Ambulance), and policies and procedures.

> **Jail:** Because it contracts with Madison County for prisoner housing, Teton County pays a daily jail rate plus the cost of transport to/from the local court. Until recently the Chief Deputy, who lives in Madison County, did most of the transports commuting to/from his home. The cost to open a jail in Driggs appears cost-prohibitive compared to the cost of prisoner transport to/from Madison County. Teleconferencing for courtroom appearances may limit the need to transport prisoners from Madison County to the courts in Driggs.

> **Driver's Licenses:** It's interesting to enter the old Courthouse and be greeted by the Driver's License Clerk. Mercer wonders if this function might better be co-located with other administrative offices of the county, particularly for staff backup and to extend hours. The County and the Sheriff should assess the value of locating Driver's License services and staff in the courthouse instead of the law enforcement center.

> **Budget and Cost of Service:** The County has looked closely at department/agency budgets, including the Sheriff's Office, as it struggled with balancing the budget the past few years. The overall Sheriff's budget has remained fairly flat over the past several years with positions eliminated in 2010 then restored in later years based on funds available. At the same time, the County saved up for the soon-to-be opened Law Enforcement Center. For budget and other reasons (not operating a jail), the overall Sheriff's budget and cost per capita is relatively low compared to the comparative sample. Flexibility in the use of budgeted positions (e.g., the Office Manager) has helped cover the Dispatch Center, but a bit more flexibility or budget might be required as discussed below under Staffing.

> **Sworn and Patrol Staffing:** Sworn staffing per 1000-population is a common comparative indicator. Only Madison County (with a much higher population) and counties in Michigan and Florida (again with higher populations) have lower figures than Teton County with the group average at 1.36 sworn officers per 1000-population. Counties close to (within about 1000 people) the population of Teton County have an average of 1.47 officers per 1000-population with a range of 1.14 to 1.80. Our Emergency Services Assessment in Chapter VI discusses the need for one additional patrol officer in the Teton County Sheriff's Office with a goal of at least two patrol deputies on shift 24/7/365.

> **Dispatch:** Except for total staffing (offset by two fill-in dispatchers working days), Dispatch in Teton County is comparable to the survey sample.

# IV. AMBULANCE SERVICE OPTIONS

This chapter of the report provides a short History of Ambulance Services in the county, describes Mercer's Decision Criteria for Contracting, and applies the criteria to various Ambulance Service Options with resulting recommendations.

## A. HISTORY OF AMBULANCE SERVICES

From our interviews and document reviews, we learned that **ambulance services in Teton County historically were delivered by volunteers** with ambulances stationed at the hospital and staffed by hospital employees. The three volunteer Fire Departments in Driggs, Victor, and Tetonia served as first responders.

In 2003 the Teton County Board of Commissioners voted to create an **Ambulance Service District** (ASD) as authorized under state law. The members of the Board of Commissioners serve as commissioners of the Ambulance Service District. The district is authorized to develop or contract for ambulance service and to levy up to four mills to support these services. We understand from the County Prosecutor that the district may, but is not mandated to, bid out the ambulance service contract.

On May 23, 2008, the ASD released a **Request for Bids** (RFB) for Ambulance Services (see Attachment B-1 in Chapter IX) with services expected to commence on October 1, 2008. We understand both the Hospital and Fire District responded, but the Fire District withdrew its bid because the Ambulance District wanted paramedic-level coverage (not listed in the RFB), which the Fire District could not then provide, and for other reasons as well. Teton Valley Health Care was selected to provide hospital services and a contract (see Attachment B-2) was approved in July of 2008 and subsequently amended on December 14, 2009, to incorporate the Alta and Grand Targhee areas based on an MOU with Teton County, Wyoming (see Attachment B-3).

**Currently, an emergency medical call to the Dispatch Center results in two concurrent, but independent responses:**

> **Fire:** The Fire District, from the Driggs or Victor station, acts as a first responder using an engine as a response vehicle. All three firefighters respond (one Paramedic and two EMT's).

> **Ambulance:** The hospital-based ambulance follows closely behind (and sometimes is ahead in the Driggs area) to provide treatment of and transport for the patient. The ambulance is staffed with a Paramedic and EMT, but if a second ambulance is called into service it might be staffed by two EMT's. An ambulance also responds to fires to provide medical care to civilians and firefighters.

**Ambulance, but not Fire, units respond into Wyoming** (Alta area and the Grand Targhee Ski Resort) based on a Memorandum of Understanding with Teton County, Wyoming, and the amended contract with the Ambulance District.

# B. AMBULANCE CONTRACT COMPETITION

In 2011 the Fire District started a series of initiatives and proposals to convince the Ambulance Service District (and the public) to support a Fire-Based EMS system with Fire running the ambulances. This section of the report reviews the history of these initiatives; summarizes key elements of Fire's two proposals for an Ambulance Partnership Program and a Fire-Based EMS System; and assesses features, budgets, and potential cost savings for the current and the Fire-Based EMS systems.

## *1.) History and Document Trail*

Major Fire District proposals and County and Hospital EMS responses to the Fire's expression of interest in participating in or running the ambulance service are summarized below. Basically, these are the documents Fire and the Hospital gave to Mercer during our study.

> ➤ **Fire's Informal Initiatives:** Fire's initiatives started sometime in 2011 and at first were expressed informally through emails, meetings, and media contacts per interviews.

> ➤ **EMS Director's Response:** From November 7-10, 2011, the EMS Director (James Gaines) responded to Fire's ambulance initiatives in detailed emails to the hospital CEO (Virgil Boss) and then to a broader audience, including Fire, the County Board, news media, and others (see **Attachment D-1**) in which he pointedly rebuts Fire's ideas and claims.

> ➤ **Fire's Proposal for an Ambulance Partnership Program:** On November 22, 2011, the Fire District presented a formal proposal to create an Ambulance Partnership (see **Attachment C-1**). This proposal is discussed in more detail in Section B-2 that follows.

> ➤ **Fire's Proposal for Fire-Based EMS:** On January 19, 2012, the Fire District proposed to run ambulances in Teton County (see **Attachment C-2**). The Fire District's Power Point presentation, "Ambulance Service Plan" explains the plan (see **Attachment C-3**).

> ➤ **Board of County Commissioner's Questions:** On January 23, 2012, the Board of County Commissioners (through the County Clerk) provided a list of questions for Teton Valley Health Care and the Teton County Fire Protection District related to Fire's proposal for Fire-Based EMS (see **Attachment D-2**).

> ➤ **Fire's List of Fire-Based EMS Positives:** On October 22, 2012, the Fire District provided a list of positive reasons for Fire-Based EMS (see **Attachment C-4**).

> ➤ **Fire's Amended Proposal for Fire-Based EMS (FY 2014 Budget):** On November 9, 2012, the Fire District amended its proposal for Fire-Based EMS to update numbers to budget year 2014 (see **Attachment C-5**).

## 2.) *Fire District's Ambulance Partnership Proposal*

On November 22, 2011, the **Fire District presented a proposal for a "new Emergency Medical Services System in Teton County, Idaho."** A copy of the proposal is provided as Attachment C-1 in Chapter IX.

**Guiding Principles of the proposed system** are "a unified approach with partners working together, pooling their strengths and resources to improve the level of service and is defined by quality patient care."

**Key Features of the plan** are:

➢ One unified EMS system,
➢ Two front-line paramedic ambulances (Driggs and Victor) each with crews of three EMT's (one a Paramedic) working 24/7,
➢ Third paramedic ambulance dedicated to patient transfers with one paramedic on duty 24/7 at the Hospital's emergency room (plus a Fire EMT as a second position),
➢ A significant reserve force of emergency responders,
➢ Reduced paramedic response times (in Victor area), and
➢ Cost savings.

The **Ambulance District** would continue to perform all customary fiduciary duties and responsibilities and would oversee a new agreement with Fire and Hospital EMS.

**Hospital EMS** would be tasked primarily with inter-facility patient transfers of stabilized patients (staffed by a Hospital Paramedic and a Fire EMT).

The **Fire District** would be tasked primarily with pre-hospital care with staff of three or more personnel at the Driggs and Victor fire stations.

The **cost of the partnership plan** would be $493,619 (excluding $121,816 devoted to TVHC transfers) for an expected annual savings of $1,545 to the Ambulance District compared to the current TVHC contract. Fire's portion of the budget would fund six Paramedic positions to staff ambulances (two per shift or one at each station).

## 3.) Fire Districts Proposal for Fire-Based EMS

On January 19, 2012, the **Fire District proposed a Fire-Based EMS Plan** to run ambulances in Teton County. A copy of this proposal, subsequent presentations, and an update for FY 2014 are provided as Attachments C-2, C-3, C-4, and C-5 in Chapter IX.

**The goals in Fire's proposal for Fire-Based EMS include:**

➢ Improve the level of patient care received from the EMS system in Teton County.

➢ Run two front-line ambulances with three personnel each.

➢ Substantially cut the current taxes paid by the community for EMS service.

➢ Improve scene management during all emergencies.

**The Fire District's summary of Fire-Based EMS lists these key features and benefits**

➢ Two frontline ambulances (based at Driggs and Victor stations) rather than one today (which is based at TVHC).

➢ Reduced response times in the Victor area because of the new ambulance based there.

➢ Maximized use of professional and experienced Firefighters/EMT's (career and volunteer) strategically located at three, well-equipped stations.

➢ One EMS System (with one Board of Fire Commissioners, one Fire Chief, one Medical Director, and one purpose) that eliminates duplication of efforts.

**Other features are:**

➢ A four-person crew in Victor to staff the proposed second ambulance.

➢ A three-person crew in Driggs to staff the existing ambulance (a Power Point presentation seems to indicate the Driggs crew also would be four people).

➢ No paramedics or EMT's station at the hospital as included in the Partnership Proposal. (Note earlier findings in the report on the value to EMS staff of being hospital-based).

## 4.) Mercer's Assessment of the Fire Proposals

Fire has presented an intriguing set of proposals for a Partnership and Fire-Based EMS. In this section we assess the plan's features and budget/cost savings, with a focus on Fire-Based EMS rather than the Partnership Plan, which seems to have been replaced.

### Mercer's Initial Reaction and Questions

On initial review, Mercer had a series of comments and questions concerning Fire's ambulance proposals.

➢ Why not wait to the next bid cycle to present a competing bid?

➢ Are all ambulance service costs presented in the budget table (e.g., fuel, insurance)?

➢ What are the real savings in the Fire-Based EMS Model as different numbers are presented in different proposals and presentations?

➢ Would any ambulance savings in the Fire proposals be offset by expenses in other areas, such as the hospital having to hire emergency room technicians or nursing assistants if EMS is not hospital-based?

➢ Would Paramedic and EMT jobs be lost in the community with a transition to Fire-based EMS? What does the communities feels about potential job loses?

➢ Is the "Jump Company" Model (where a three-person crew "jumps" on either a fire engine or ambulance as the call requires) the best operational option? Will fire/rescue protection be degraded if firefighters also serve as three-person ambulance crews?

➢ Can Fire deliver on cost savings and performance promises laid out in the proposals?

➢ Can Paramedics and EMT's maintain their patient care skills with so few calls and with limited access to the hospital emergency room and clinics (like hospital EMS staff can)?

➢ With a second ambulance rarely needed in emergency situations (perhaps 20 times a year for a second call or two-ambulance call per Hospital EMS data), is a second front-line ambulance needed in Victor? Inter-facility transfers, however, add 133 annual events to the need for a second ambulance. These runs are staffed by on-call hospital employees.

➢ Is a quicker ambulance response time needed in the Victor area when Fire's first responders (with a paramedic) now are available from the Victor fire station and most situations do not require immediate ambulance transport to TVHC?

➢ Is a single provider needed for effective on-scene management or can collaboration through operational protocols and training provide similar results?

➢ Does the Fire District have enough reserve firefighters to cover fire and ambulance requirements on major incidents?

## Features of a Fire-Based EMS System

Mercer gleaned the following key features from Fire's proposals:

> **Patient Care:** Fire indicates patient care would improve with a Fire-Based EMS and we agree at least as noted under Response Times below. But, the benefits of Paramedic and EMT hospital-based experience will decline with ambulances and medical providers running out of Fire stations. Hospital staff estimates an additional 1,500 annual patient contacts from work in the hospital and clinics. Basically, it appears Fire will adopt a transport and drop approach like other ambulance services that are not hospital-based.

> **Service Levels:** Fire's proposal to run two ambulances would be an improvement in service levels, particularly if one is stationed in Victor. Other than the second ambulance in Victor, ambulance service levels would not improve significantly.

> **Response Times:** Ambulance response time will improve in the Victor area, but First Responder response times (they now come from Victor Fire Station) will stay the same. An earlier arrival for the ambulance will be beneficial in the few cases where immediate (and not 10-15 minutes from now) transport is needed. We don't have the data to tell how many times immediate transport is needed each year, but it appears the main benefits would be around Victor and infrequently beneficial.

> **Staffing:** The Fire District proposes to add one firefighter per shift in Victor for a total of four on shift (+3 budgeted positions). Fire is not proposing to add staff in Driggs, which concerns us in term of force projection outside of weekdays when command staff works. But, earlier and companion documents related to the Fire-Based EMS proposal show a total of six new positions and four-person shift staffs at both Driggs and Victor.

> **Firefighter Utilization:** Because Firefighters now respond to all medical calls as First Responders, we see only a small increase in utilization (the time spend driving the patient to the hospital and returning to the fire station).

> **On Scene Management:** There are two ways to consolidate incident command – merge agencies or define and implement an incident command system across agencies, with specific protocols for key situations, such as major events and the handoffs from the First Responder Paramedic to the Ambulance Paramedic.

> **Budget and Taxing Levels:** Mercer's budget/cost analysis that follows shows that cost savings exist with Fire-Based EMS, but may not be as great as projected in Fire's proposal. In addition, there are cost variables identified, but not yet resolved, in our analysis such as costs identified in the current ASD budget but not shown in Fire's (e.g., fuel, insurance). Also, some ambulance service costs already may be imbedded in Fire's operating budget (such as paramedics) that could be considered ambulance-related based on the comparable communities. Certainly, the Fire District now has millage and reserve flexibility beyond that of the Ambulance Service District.

## Budget and Cost Savings

**Exhibit 1** on the following page compares the FY 2013 budget for the Ambulance Service District and Fire's FY 2013 proposal (with Mercer's adjustments and questions). For the time being, we set aside ambulance revenues from the comparison, as we don't know if Fire's billing contractor or the Hospital would do a better job on collections.

**Fire's original proposal presents a FY 2013 expense budget that totals $419,553** with the addition of one firefighter position per shift at one station (+3 positions overall). The amended proposal of November 19, 2012, projects a FY 2014 expense budget of $456,270.

The **Ambulance Service District budget for FY 2013 totals $636,500** with $445,300 to TVHC for the ambulance contract and a one-time cost of $16,500 for Mercer's Emergency Services study, which we eliminate from the analysis. The ASD budget also includes line items totaling $174,700 for rental facility, ICRMP insurance, cell phone, fuel, ambulance repairs, building repairs, dispatch services, administrative services, and capital outlays.

**Annual Cost Savings** in various Fire documents and Mercer's analysis in Exhibit 2 are:

> **2011 Email:** $100,000 in savings per a 11/9/2011 email from the Fire Chief (included in the James Gaines' emails in Attachment D-1)

> **2011 Partnership Proposal:** $1,185, but the cost of inter-facility transfers by the Hospital appears outside of the budget analysis.

> **2012 Fire-Based EMS Proposal:** Over $300,000.

> **Mercer Analysis:** About $190,000 per Mercer's analysis in Exhibit 1 that attempts to compare apples-to-apples. In addition, we have these remaining questions that might further increase costs and reduce savings in either the Fire or Hospital EMS budgets:

  - One of Fire's documents shows the addition of six new positions, not three, which would add another $183,590 to the baseline wages and fringe benefits costs and basically eliminate the savings. Also, Fire does not include the incremental cost of about seven current paramedic positions over the baseline EMT rate.

  - Fire did not include Fuel costs in the budget (we added it in based on the ASD budget), as well as expenses for building rental, property/casualty insurance, cell phones, building maintenance, and administrative services (e.g., accounting, auditing, insurance) in the ASD budget, and ambulance service supervision.

  - Earlier, we identified a significant value to the hospital by having the EMS staff based there and available to work in the emergency rooms, clinics, and floors. The hospital CEO indicates this value is about $150,000 per year, but this figure could decrease if all hospital-support costs were charged to the ASD.

  - One-time transition costs, such as severance cost for hospital staff not hired by Fire and Fire's purchase of ambulances from the ASD.

# Exhibit 1

## Comparison of FY 2013 ASD Budget and Fire's Proposed Budget

| BUDGET LINE ITEMS | ASD | FIRE |
|---|---|---|
| **General Expenses** | | |
| Rental | $ 8,400 | ???? |
| Insurance (ICRMP) | 1,109 | ???? |
| Cell Phone | 2,000 | ???? |
| Vehicle Fuel | 11,085 | $11,085 from ASD |
| Ambulance Maintenance | 10,000 | 12,000 |
| Building Maintenance | 2,000 | ???? |
| Dispatch | 87,257 | 71,500 |
| Administrative Services | 20,349 | ???? |
| Sub-Total: | $142,200 | $94,585 |
| **Contractor Expenses** | | |
| Hospital Contract | $445,300 | |
| | | |
| Fire-Wages (+3 firefighters) | | $183,590 |
| Fire-Fringe Benefits | | 47,300 |
| Fire-Supplies | | 20,000 |
| Fire-Training/Travel | | 10,000 |
| Fire-Outside Billing Services | | 9,163 |
| Fire-Medical Director | | 6,000 |
| Fire-Ambulance Maintenance | | Above |
| Fire-Fuel | | N/A |
| Fire-Depreciation (Ambulance) | | Above |
| Fire-Dispatch | | Above |
| Sub-Total: | | $276,053 |
| TOTAL OPERATING: | $587,500 | $370,638 |
| CAPITAL OUTLAY/DEPRECIATION: | $ 32,500 | $60,000 |
| GRAND TOTAL: | $620,000 | $430,638 |
| BUDGET PER FIRE PROPOSAL | | $419,553 |

**NOTES**
1.) Deducted one-time expense to ASD for Emergency Services Study ($16,500)
2.) Estimated Fuel cost ($11,085) for Fire, which was not in their proposed budget
3.) Rental, Insurance, Cell Phone, Building Maintenance, Administrative Services, and Supervisory expenses not included in the Fire Budget and not measurable by Mercer

# D. DECISION CRITERIA FOR CONTRACTING

Mercer's criteria for assessing the feasibility of collaboration and contracting opportunities is based on our thirty years of work and consulting experience in the public sector; research including ideas in books like *Reinventing Government*; and lessons learned from assessment of collaboration and contracting opportunities for our consulting clients.

## *1.) Criteria from "Reinventing Government"*

In "Reinventing Government," Osborn and Gaebler identify the following **criteria to examine the strengths and weaknesses of specific collaboration and contracting opportunities:**

> ➤ **Service Specificity:** How specifically can a service be defined so governments (the providers) can tell producers what it wants?

> ➤ **Availability of Producers:** Are there enough qualified producers to ensure competition?

> ➤ **Efficiency and Effectiveness:** Can producers provide the service efficiently and effectively?

> ➤ **Scale of the Service:** How large an organization is needed to produce the service?

> ➤ **Relating Benefits and Costs:** To what degree do users pay directly for the benefits?

> ➤ **Responsiveness to Customers:** Is the provider customer friendly and responsive?

> ➤ **Economic Equity:** Can the service be provided equitably to all customers?

> ➤ **Equity for Minorities:** Will minorities receive adequate benefits from the service or product?

> ➤ **Responsiveness to Government Direction:** Will the producer adequately follow the government policy and specifications in delivering the service or product?

> ➤ **Size of the Government:** Is the providing government big enough (and sophisticated enough) to enable it to provide effective oversight of another producer?

## _2.) Mercer's Decision Criteria_

Based on our experience and supporting research, the Mercer Group has developed a set of **sixteen decision criteria to evaluate the feasibility of collaborative and contracting approaches to the delivery of services.** Some of these factors can be measured and quantified, while others must be assessed on more intangible factors. **These are the criteria that we used to sort through the feasibility of the various ambulance service options.**

➤ **Governance:**

- **Legal Authority:** Do the County (as provider through the Ambulance District) and the Hospital, Fire District, or other organization (as producer of the service) have the legal authority to contract?

- **Policy Compliance:** Does the approach to contracting meet policy and regulatory requirements of the County (as provider through the Ambulance District) and the Hospital, Fire District, or other organization (as producer of the service)?

- **Political Culture:** Is the contracting approach compatible with the political culture, strategic vision, and values of governing bodies and the community?

- **Community Support:** Do citizens, customers, the business community, other major stakeholders (like Grand Targhee), and elected officials support contracting in general and the specific ambulance opportunity on the table?

➤ **Management:**

- **Management Culture:** Are County, Hospital, and Fire District managers supportive of a contracting approach for ambulance services?

- **Management Skills:** Do these managers have the skills and experience to effectively plan, manage, and deliver the services under a contracting model.

- **Administration:** Are policies, procedures, systems, and controls in place, or easily developable, to administer the contracting approach, including for accounting and finance, human resources, communications, and asset management?

  Are financial, human resources, and other administrative policies, systems, and controls compatible, or easily made compatible, with the contracting approach including pay plans and union agreements?

- **Performance Measurement:** Are performance measures, output and outcome data collection processes, and reporting processes in place to establish, track, and report performance of the producing organization, public or private?

> **Assets and Resources:**

- **Facilities and Infrastructure:** Are facilities and other infrastructure adequate to support the contracting approach? If not, can they be acquired at a reasonable cost that does not undermine the financial feasibility model?

- **Equipment and Technology:** Are equipment and technology adequate to support the contracting model? If not, can they be acquired at a reasonable cost that does not undermine the financial feasibility model?

- **Fiscal Capacity:** Does the provider (the ASD) and the producer (contractor) have the fiscal capacity to implement the contracting model? This question includes the adequacy and reliability of tax revenues, user fees and charges, assessments, reserves, cash flow, and franchise/ contract fees to support the contracting model.

- **People:** Are the number and quality of service-providing staff adequate to implement the contracting model? Are supervisors adequately skilled to manage assigned staff? If not, can these resources be acquired and/or trained at a reasonable cost that does not upset the financial feasibility model?

> **Services:**

- **Service Level Expectations:** Will the quantity of services produced match provider, customer, and stakeholder expectations (not too low in particular)?

- **Service Quality Expectations:** Will the quality of services produced match provider, customer, and stakeholder expectations (not too low in particular)?

- **Operational Effectiveness:** Can operational challenges be resolved at a reasonable cost to justify implementing the contracting approach? These challenges can include different organizational models; operational practices; physical locations; organization and staffing plans; job responsibilities and job descriptions; union agreements or personnel policies; and specifications for equipment, markings, and uniforms/gear.

- **Fiscal Effectiveness:** Does the contracting approach make financial and economic sense for the provider (in this case the County acting as Ambulance District) in terms of immediate cost savings, future cost avoidance, potential gains in efficiency, reasonableness of apportioned shares of the cost, customer fees and charges, and potential reductions in tax burdens?

# 3.) Application of the Decision Criteria

Mercer's preliminary research and fact finding for the Teton County Emergency Services study has identified general and opportunity-specific factors that influence application of the Decision Criteria and, therefore, the feasibility of collaboration or contracting. In the following section we identify and discuss six service deliver alternatives...and rate three of them.

## Organizational and Cultural Factors

First, the pros and cons of various Organizational and Cultural factors for each option are compiled on the first page of **Exhibits 2a, 2b, and 2c** to determine the general feasibility of each option:

> **Strengths, Weaknesses, Opportunities, and Threats:** The SWOT Assessment provides a general understanding of the collaboration/contracting opportunity, and the degree to which organizational and operational improvements are needed.

> **Organizational Culture and Management Philosophy:** A cultural analysis indicates how well collaborating/contracting organizations "fit" together in terms of culture and management philosophy.

> **Enablers and Inhibitors:** These factors indicate the feasibility of collaboration/ contracting in terms of governance, management, service delivery, and administrative support issues.

## Ratings of Decision Criteria

Second, we rate the various Decision Criteria for each collaboration/contracting opportunity on the second page of **Exhibits 2a, 2b, and 2c** to determine that opportunity's specific feasibility using a five-step scale of:

> 5=Very Feasible
> 4=Feasible
> 3=Possible
> 2=Unlikely
> 1=Not Feasible

**These ratings are a bit of an art and represent Mercer's best estimate after extensive fact finding, research, and analysis related to emergency services in Teton County.**

# D. AMBULANCE SERVICE OPTIONS

In this section of the report we identify five service delivery alternatives then review and rate the three most feasible options. The future of the Ambulance Services District also is discussed.

## 1.) Service Delivery Alternatives

Based on the SWOT Assessment, Employee Surveys and Questionnaires, Comparative Analysis, and prior experience in assessing alternative means of delivering public services, Mercer sees **five principal alternative approaches** to delivering ambulance services in Teton County:

1.) **Ambulance District continues to contract with the Hospital.** Based on current performance Mercer considers this a viable option and will rate it.

2.) **Ambulance District contracts with the Fire District.** Based on current capabilities and resources in the Fire District (e.g., two stations, six firefighters on duty 24/7, and the number of paramedic firefighters), plus their proposal for Fire-Based EMS, Mercer considers this a viable option and will rate it.

3.) **Ambulance District, Fire District, and the Hospital collaborate and jointly provide ambulance services taking advantage of the strengths of each.** Mercer considers the Partnership Model a viable option and will rate it.

4.) **Ambulance District contracts with some other providers, such as a private EMS provider or a hospital in Jackson, Rexburg, or St. Anthony.** Due to distance and low call volumes, Mercer does not consider this a viable option and will not rate it.

5.) **Ambulance District hires staff and runs the ambulance service itself.** Due to a lack of operational experience and management resources, Mercer does not consider this a particularly viable option and will not rate it.

**In Options 1, 2, and 3 the Ambulance District could dissolve and ambulance services be provided directly by the Hospital, the Fire District, or another organization.** Because financial support above the level of ambulance fees are needed to run the ambulance service, the dissolution options likely works best with Option #2 above as Fire is a taxing entity. ASD dissolution, however, appears to present few benefits and creates several problems:

- How does the community decide if the Fire District is the best agency to take over for the Ambulance District?

- Is it a good idea to give up taxing authority knowing it's hard to get in the first place and perhaps impossible to get back in a continuing weak economy?

- How would the ambulance service provider and other emergency services agencies relate to each other in providing services to the community, residents, and visitors?

- Would the quality of ambulance services improve, stay the same, or decline, particularly because of the low number of medical calls each year and a potential loss of hospital patient experiences?

## 2.) Analysis of Contracting Opportunities

The exhibits that follow present our analysis of the three best opportunities for collaboration/contracting related to the ambulance services:

> **Hospital-Based EMS: Exhibit 2a** compiles the pros and cons based on Enablers and Inhibitors (bolded items are most important!), rates each of the 16 decision criteria, adds rating comments, and provides an overall feasibility rating.

  Because this option assumes the Ambulance Service District will continue to exist and continue to contract with TVHC, some pros and cons relate as much to the ASD as to Hospital EMS.

> **Fire-Based EMS: Exhibit 2b** compiles the pros and cons based on Enablers and Inhibitors (bolded items are most important!), rates each of the 16 decision criteria, adds rating comments, and provides an overall feasibility rating.

  This option assumes the Fire District will run the ambulances, but not necessarily that the ASD will be eliminated although it could be dissolved with the Fire District taking over taxing and revenue generation responsibilities.

> **Partnership Model (Fire and Hospital) EMS: Exhibit 2c** compiles the pros and cons based on Enablers and Inhibitors (bolded items are most important!), rates each of the 16 decision criteria, adds rating comments, and provides an overall feasibility rating.

  This option assumes the ASD will continue to fund and contract for ambulance services with roles for both the Hospital and the Fire District as described under recommendations.

**Again, these ratings are a bit of an art and represent Mercer's best estimate after extensive fact finding, research, and analysis related to emergency services in Teton County.**

## *Pros and Cons for the Current ASD-Hospital EMS Model*

| MAJOR STRENGTHS/ENABLERS | MAJOR WEAKNESSES/INHIBITORS |
|---|---|
| 1) **Doing a good job now with few complaints from citizens, users, and public officials** | 1) **Current relationship between Fire and Hospital EMS need to be resolved or patient care will suffer** |
| 2) **EMS staff supports the Hospital ER, clinics, and inpatients** | 2) **Incident Command System needs to be strongly in place to avoid command fragmentation across agencies** |
| 3) **Hospital supports EMS staff through training and expanded patient care experience** | 3) ASD at millage cap |
| | 4) Time delay in response if a second call |
| 4) Number of paramedics and current EMS staff is skilled and experienced | 5) $2^{nd}$ ambulance may be BLS depending on staff on call |
| 5) Relationship of EMS staff to hospital medical providers and support staff | 6) Skill maintenance for non-hospital EMS providers is a challenge because they lack access to hospital ER, clinics, and floor |
| 6) Number and quality of ambulances | |
| 7) Good response time if one call with an estimated 20 minute response time if a second call | 7) Limits on funding for vehicle replacement |
| | 8) Inter-facility patient transfers may impact availability of ambulances and staff |
| 8) Continuity of patient care begins at point of contact with EMS staff | 9) How to adjust to impacts of Affordable Care Act and likely increase in call volumes not yet in place, but coming (Hospital strategic planning process in process) |

## Exhibit 2a

## *Rating for Current ASD-Hospital EMS Model*

| GOVERNANCE | RATING | COMMENTS ON LOWER RATINGS |
|---|---|---|
| Legal Authority | 5=Very Feasible | |
| Policy Compliance | 5=Very Feasible | |
| Political Culture | 3=Possible | Competition, Silos |
| Community Support | 4=Feasible | High support for hospital, but "Two Minds" issue (What level of service does the community want and what is it willing to pay for?) |
| **MANAGEMENT** | | |
| Management Culture | 5=Very Feasible | |
| Management Skills | 5=Very Feasible | |
| Administration | 5=Very Feasible | |
| Performance Measures | 4=Feasible | Measure response from time of Dispatch, not leaving the hospital, as well as patient outcomes |
| **RESOURCES** | | |
| Facilities/Infrastructure | 4=Feasible | EMS offices and offsite storage of backups |
| Technology | 4=Feasible | Dispatch system improvements needed |
| Fiscal Capacity | 4=Feasible | ASD at millage cap |
| People | 5=Very Feasible | |
| **SERVICES** | | |
| Service Level Expectations | 4=Feasible | Lower rating due to response time if $2^{nd}$ call (perhaps should be 4.5?) |
| Service Quality Expectation | 5=Very Feasible | |
| Operational Effectiveness | 4=Feasible | Need consistent protocols with Fire (a holistic issue) |
| Fiscal Effectiveness | 4=Feasible | ASD at millage cap |
| **CATEGORY RECAP** | | |
| Governance | 17 | |
| Management | 19 | |
| Resources | 17 | |
| Services | 17 | |
| **Total Score:** | **70** | |

| GENERAL COMMENTS | Average Score = 4.375 per criteria<br>Range = 3 to 5 |
|---|---|
| FEASIBILITY RATING | Feasible, but need improvements in 9 criteria with lower ratings to meet Mercer's High Performance Standard of 75-80 |

## Exhibit 2b

### *Pros and Cons for Proposed Fire-Based EMS Model*

| MAJOR STRENGTHS/ENABLERS | MAJOR WEAKNESSES/INHIBITORS |
|---|---|
| 1) Moves ALS transport closer to residents in Victor and surrounding areas, including road to Teton Pass | 1) Medical experience of TVFD providers is limited and they now lack the in-hospital experience of Hospital EMS staff (and likely in the future too even with ride-alongs) |
| 2) Cost savings possible compared to the current model | |
| 3) Resources to assign three-person crews at Driggs and Victor Stations, plus add one more EMT at least at Victor per shift to run ambulances | 2) Fire's relationship with hospital staff is poor |
| | 3) Three person "jump company" model cannot be sustained in winter storms or for the long-term incidents |
| 4) Number of paramedics allows 24/7/365 coverage at each shift and station | 4) Uneven community support per interviews and community meetings |
| 5) Ambulance District already owns the vehicles to staff two 24/7/365 ambulances | 5) Fire protection is degraded when crew is on an EMS incident and no one is in the fire station |
| 6) Second calls receive an ambulance without waiting for call back personnel | 6) High reliance on "outside experts" and travel to improve/maintain emergency medical skills |
| 7) Unity of Command during major incidents or multiple events | 7) Low number of reserves to fill in as needed or to provide "callback" staff |
| 8) Single point of contact for Fire/EMS to address community needs | 8) Unplanned inter-facility transfers will strain TVFD system |
| 9) Potentially improved Command/Control for planning of major events or for emergency management planning | 9) No/little increase in costs considered for "callback" in proposal or for some costs in ASD budget |
| 10) Continuity of care from first responders through transfer to ER staff, but not typically into the ER like the Hospital-based Model | 10) Poor data management capabilities to statically report performance |
| 11) TVFD financially stable to provide operating support and replacement equipment | 11) No performance measurements |
| | 12) No strategic plan in place or planned to assess the impacts of Affordable Health Care and how increase in call volume will effect staffing |

## Exhibit 2b

## *Rating for Proposed Fire-Based EMS Model*

| GOVERNANCE | RATING | COMMENTS |
|---|---|---|
| Legal Authority | 5=Very Feasible | |
| Policy Compliance | 5=Very Feasible | |
| Political Culture | 3=Possible | Competition, Silos<br>General community support for Fire |
| Community Support | 3=Possible | Less support than the hospital<br>Two Minds issue |
| **MANAGEMENT** | | |
| Management Culture | 5=Very Feasible | |
| Management Skills | 5=Very Feasible | |
| Administration | 4=Feasible | Limited in-house administrative support staff<br>compared to ASD and Hospital |
| Performance Measures | 3=Possible | Limited to response times<br>(perhaps should be 3.5?) |
| **RESOURCES** | | |
| Facilities/Infrastructure | 4=Feasible | Place for ambulances at stations? |
| Technology | 4=Feasible | Dispatch/Radio improvement primarily |
| Fiscal Capacity | 5=Very Feasible | |
| People | 4=Feasible | Less medical experience<br>Might need to recreate Training Chief |
| **SERVICES** | | |
| Service Level Expectations | 4=Feasible | Lower rating due to diversion from fire/rescue if<br>multiple medical calls |
| Service Quality Expectation | 4=Feasible | Untested in ambulances |
| Operational Effectiveness | 4=Feasible | Untested in ambulances |
| Fiscal Effectiveness | 4=Feasible | Issues with budget in proposal |
| **CATEGORY RECAP** | | |
| Governance | 16 | |
| Management | 17 | |
| Resources | 17 | |
| Services | 16 | |
| **Total Score:** | **66** | Average Score = 4.125 per criteria |

| GENERAL COMMENTS | Average Score = 4.125 per criteria<br>Range = 3 to 5 |
|---|---|
| FEASIBILITY RATING | Feasible, but need improvements in 11 criteria with lower ratings to meet Mercer's High Performance Standard of 75-80 |

<u>Exhibit 2c</u>

*Pros and Cons for a ASD-Fire-Hospital Partnership EMS System*

| MAJOR STRENGTHS/ENABLERS | MAJOR WEAKNESSES/INHIBITORS |
|---|---|
| 1) Services improve and costs are slightly less | 1) Are Fire and Hospital willing to collaborate on an ambulance service partnership? |
| 2) Draws on assets and strengths of both Fire and Hospital EMS, including staffing (total number of paramedics and EMT's) and shift and location coverage (24/7 in Driggs and Victor) | 2) Fire's relationship with Hospital staff is poor and would need to be resolved to make this model work well |
| 3) Moves ALS treatment/transport closer to residents in Victor and surrounding area, including road to Teton Pass | 3) Unity of Command issues continue to persist unless Fire and Hospital EMS work them out |
| 4) Second calls receive an ambulance without waiting for call back personnel | 4) Experience of Fire District providers is limited at the start of the program |
| 5) Ambulance District owns enough vehicles for 24/7/365 two-ambulance operation | 5) Need to increase Fire's "reserve" staff for major fire/rescue incidents |
| 6) Increased staffing per incident for treatment of critical or multiple patients | 6) Alternative policies and procedures needed if transferring funds to TVFD from ASD |
| 7) Continuity of care from first responders through transfer to ER staff and in some cases into the ER | 7) Poor data management capabilities to statistically report performance (partly a Dispatch issue) |
| 8) Altering TVFD staffing model will maintain fire protection by replacing the "jump company" with three two-person units (two fire and one ambulance) | 8) Need to create agency-wide strategic plan and performance measurements (see Chapter VI recommendations) |
| 9) Improves relationships among responders and with ER staff by adding "clinical experiences" by cross-agency rotations | |

## *Rating for ASD-Fire-Hospital Partnership EMS System*

| GOVERNANCE | RATING | COMMENTS |
|---|---|---|
| Legal Authority | 5=Very Feasible | |
| Policy Compliance | 5=Very Feasible | |
| Political Culture | 4=Feasible | Fire and the Hospital would have to stop competing and accept the Partnership Model |
| Community Support | 4=Feasible | Elimination of competition could enhance community support to a 5 over time |
| **MANAGEMENT** | | |
| Management Culture | 5=Very Feasible | |
| Management Skills | 5=Very Feasible | |
| Administration | 5=Very Feasible | |
| Performance Measures | 4=Feasible | Need agency-wide Strategic Plan and expanded performance measures, particularly outcomes |
| **RESOURCES** | | |
| Facilities/Infrastructure | 5=Very Feasible | |
| Technology | 4=Feasible | Primarily Dispatch/Radio improvements |
| Fiscal Capacity | 5=Very Feasible | |
| People | 4=Feasible | Fire's ambulance staff would have less experience at first but would catch-up over time resulting in a 5 rating in the future |
| **SERVICES** | | |
| Service Level Expectations | 5=Very Feasible | |
| Service Quality Expectation | 5=Very Feasible | But Fire staff would have less experience at first and paramedics would have fewer annual runs |
| Operational Effectiveness | 5=Very Feasible | |
| Fiscal Effectiveness | 4=Feasible | ASD still at the millage cap |
| **CATEGORY RECAP** | | |
| Governance | 18 | |
| Management | 19 | |
| Resources | 18 | |
| Services | 19 | |
| **Total Score:** | 74 | |

| GENERAL COMMENTS | Average Score = 4.625 per criteria<br>Range = 4 to 5 |
|---|---|
| **FEASIBILITY RATING** | **Very Feasible. Just below Mercer's High Performance Standard of 75-80 with ratings improvements needed in six criteria, but two show potential to increase to 5 over time.** |

# E. AMBULANCE SERVICE ASSESSMENT

Our conclusions and recommendations for ambulance service operations are described below.

## 1.) Future of the Ambulance District

We recommend continuation of the Ambulance Service District as a funding source and provider of ambulance services across the county. Reasons for that recommendation are:

> Serving as the Ambulance District Board, the County board (through oversight of the Sheriff's Office, ownership of the hospital, and provision of people services) provides a broader perspective on emergency and health services than the Fire Protection District.

> Once a community gives up taxing authority, it's unlikely to come back if it required voter approval no matter how strong the need.

> As expressed in other parts of the report, Mercer believes collaboration and not competition is the best answer for ambulance service in Teton County as it draws on the strengths of all emergency services agencies to improve services while reducing costs slightly.

## 2.) Ambulance Service Model

**Each of the three rated models is feasible or very feasible, but Mercer leans toward the Partnership Model for the following reasons:**

> Robust taxing authority (ASD and Fire) remains in place to support first responders and the ambulance service.

> Services and response times improve with a full-time ambulance in Victor and a ready-to-go second ambulance for concurrent calls and multi-ambulance incidents.

> Costs decrease slightly as Fire positions are not added to support the Victor ambulance, but reallocated based on a baseline 2-person crew per apparatus rather than "jump companies," and the hospital shares the net value of hospital-based EMS staff with the ASD.

> Reserves/Volunteers/Call-Up Staff continue to be key elements of medical responses and major incidents thereby boosting resources when needed.

> Jobs are not lost (inevitable for Hospital EMS staff if Fire-Based EMS is established).

**But, the Partnership Model requires Fire and Hospital EMS to develop a strong and cooperative working relationship, which has been problematic in the recent past, particularly at the board and management team levels.**

## 3.) Overview of the Partnership Model

**The Ambulance Service District, Fire Protection District, and Hospital EMS all have meaningful roles in the delivery of ambulance services under this model.**

### Agency Roles

The **Ambulance Service District** would continue to own the ambulances with units assigned to Fire's Victor Station and the Hospital. Ambulances #1 and #2 are front-line units in Driggs and Victor with Ambulance #3 the main backup unit and Ambulance #4 a secondary back-up unit. ASD would continue to fund the bulk of the net cost of the ambulance service (after collections), including ambulance maintenance and replacement, insurance, and the like.

The **Fire District** would continue to fund existing Paramedics and EMT's for first responder and ambulance service roles. Ambulance #2 would be based at the Victor Fire Station for situations where a rapid ambulance response is needed or as backup when Ambulance #1 is engaged on another call or inter-facility transport. The two-person unit staffing model increases EMS capabilities without degrading fire incident response capabilities.

Fire already has employed the necessary staff to implement the Partnership Model. We do not recommend added staff. The experience levels for Fire providers should improve with increased call volumes. The Fire District also has the flexibility to move providers between the stations and apparatus to spread the experiences out among the staff and to avoid EMS burnout. Fire providers will work more closely on a regular basis with hospital personnel, which in turn, should improve working relations.

The **Hospital** would continue to charge the ASD per the current contract with one exception, the net (after all hospital support costs are determined) value of EMS staff time in the hospital would not be charged to the ASD. Ambulance #1 would be based at Teton Valley Health Care with EMS staff continuing to support the emergency room, clinics, patient floors, and inter-facility transfers.

### Benefits of the Partnership Model

The Partnership Model maintains EMS staff support to the hospital, continues inter-facility transport capability without effecting community readiness, and improves service delivery through improved response times and increased personnel to provide patient care (via the second full-time ambulance in Victor).

Hospital EMS costs will decrease due to fewer staff members receiving "on-call" or "call back" pay, as well as by sharing the net value to the hospital of hospital-based EMS staff. Current reserve or on-call staff can be used to cover shifts. Hospital EMS providers will work more closely on a regular basis with Fire personnel, which in turn, should improve working relations.

Reserve personnel in Fire and Hospital EMS will still be required to fill in for approved leaves and to supplement on-duty resources in the event of a large incident.

## Driggs Area Units in the Partnership Model

The Partnership Model utilizes current resources from both the Hospital and the Fire District for incidents in the Driggs response area. Ambulance #1 will remain located at the hospital and is staffed by existing hospital staff to perform current roles and responsibilities, including inter-facility transfers.

A change from current practice is that Ambulance #1 would only respond to incidents in Driggs, Tetonia, Grand Targhee, Alta, and areas north of the road that currently divides the Fire Station #1 and Station #2 response areas within the Fire District. The Dispatch Center already has this area identified, but the boundary line may need to be revisited.

In the event of a second incident in the Victor response area or the need for multiple ambulances in the Victor response area, the TVHC-based ambulance would respond, supported by the Victor-based engine.

Similarly, when the Driggs area ambulance is committed to an incident, the Victor area ambulance would respond to additional concurrent incidents in the Driggs response area with the support of by the Station #1 Fire engine.

The Fire District would staff their Driggs fire apparatus with two full-time personnel plus reserves as determined by their current funding projections and operating protocols.

Fire would respond to all 911 medical incidents to support the ambulance except in the case of Grand Targhee, Alta, and inter-facility transfers. This joint response improves response times to certain areas, increases the number of providers to treat critical patients, and works to improve working relationships between Fire and EMS providers. This model maintains fire protection capabilities in all areas of the district as the Victor fire engine is available to support Driggs.

### Driggs Area Incident Examples

> **Medical or Extrication Call:** Engine from Fire Station #1 with 2+ members and Ambulance #1 from TVHC with 2 members.

> **Alta or Grand Targhee:** Ambulance #1 from TVHC with 2 members with no call back or Fire support.

> **Inter-Facility Transfer:** Ambulance #1 from TVHC with 2 members (3 if critical care with the third staff member from the call back staff)

> **Fire Call:** Engine from Fire Station #1 with 2+ members and Ambulance #1 from TVHC with 2 members, perhaps supported by the Victor station engine with 2 or 4 members.

> **Structure Fire:** Engine/Ladder from Station #1 with 2+ members, Engine from Station #2 with 4 members, and Ambulance from TVHC with 2 members.

## Victor Area Units in the Partnership Model

The Partnership Model utilizes the resources of the Fire District and an ambulance (vehicle only) from the Ambulance District for incidents in the Victor response area. Ambulance #2 would be located at the Victor fire station, staffed with two Fire personnel, and an engine would continue to be located in Victor, staffed with two Fire personnel.

The Victor staffing plan, therefore, is a net addition of one position per shift or three positions total at that station, which is offset by a reallocation of Driggs personnel. The Fire District's 3-person "Jump Company" concept to staff either the ambulance or the engine is not recommended.

Ambulance #2 would respond to areas south of the road that currently divides the Station #1 and Station #2 response areas within the Fire District. The Dispatch Center has this area already identified, but the boundary may need to be revisited.

In the event of a second incident in the Driggs response area (assuming the Driggs ambulance is committed to the Wyoming or there is a need for multiple ambulances), the Victor ambulance would respond as backup with support from the Driggs-based engine.

When the Victor area ambulance is committed to an incident, the Driggs-based ambulance will respond to incidents in the Victor response area as back-up supported by Fire's Victor engine company.

Victor's Fire-based engine and ambulance would respond to all 911 medical incidents in the Victor response area. This joint response improves response times to certain areas, increases the number of providers to treat critical patients, and works to improve working relationships between Fire and Hospital staff. This model also maintains the fire protection in all areas of the district.

### Victor Area Incident Examples

> **Medical or Extrication Call:** Engine from Fire with 2 members and Ambulance #2 from Fire with 2 members.

> **Fire Call:** Engine from Fire Station #2 with 4 members, perhaps also bringing the ambulance.

> **Structure Fire:** Engine or Ladder from Station #1 with 2+ members, Engine from Station #2 with 4 members, and Ambulance from TVHC with 2 members.

## 4.) Alternative Approach to Ambulance Service

Should the ASD believe that the Mercer proposed "Partnership Model" is NOT a viable option (hopefully after at least a two-year test), the Ambulance District Board has three options:

1. Rebid ambulance services
2. Accept one of the TVFD proposals
3. Extend the TVHC contract

The Fire Proposal is strengthened because of current service demands (low call volumes for Fire and Ambulance). The Fire proposals (partnership version and the full-service version) show cost savings, which appear accurate with the exception of fuel costs and cell phone use.

Currently, the TVHC system is utilizing a cost recovery model for administrative services, vehicle insurance, "facility rental", contract administration, accounting services, salary and benefits. Many of these costs would be absorbed by the Fire District as part of its current operation or are costs they do not have to pay. For example, the FPD does not pay shift differential for employees working 2$^{nd}$ and 3$^{rd}$ shift hours and under federal law they have a higher overtime threshold to achieve before premium hours are paid (52 vs. 40 hours).

While the cost savings in the Fire proposal are real, the true variable (cost neutral) is the skill level of the FPD providers. There is no doubt that the experience of the hospital-based providers is higher than those of the FPD. When the hospital introduced ALS care, they too suffered from weaker experience levels in the beginning. However, under the supervision of the Medical Director and the State of Idaho, the TVFD paramedics are held to the same patient care standards and re-certification requirements as those of the current TVHC staff. The Regional Medical Director and the State will determine the qualifications/abilities of the providers based on pre-determined criteria.

Regardless of the service delivery model ultimately chosen, more budget dollars should be spent toward the continuing education of the providers. While the current TVHC staff is used as technicians in the hospital, they too suffer from skill degradation as a result of the low call volumes. A continuing education plan should be implemented to ensure proficiency in key medical skills such as intubation, IV skills, and cardiac/trauma care protocols. A locally-available Medical Director will have a positive impact on ensuring the quality of patient care particularly if this physician is the Emergency Department Director as well.

Additionally, by moving the responders closer to the customers (in Victor), the TVFD improves service delivery by adding a second ambulance and reducing response times at no additional costs to the residents of the county. In-field continuity of patient care is improved when the same provider who made initial contact also delivers the patient to the ED. Service is also improved in several "intangible ways" when emergency scenes are commanded by the same agency, including improved responder safety, scene management efficiency, pre-planned events are coordinated by a single agency, and county-wide issues are handled by a single agency whereby improving information sharing.

## 5.) *Future Issues and Risks*

As stated in the RFP, the consultant is to identify issues and risks with the suggested Ambulance Service Model. These include:

> **Buy-In:** Lack of ASD, Fire, or Hospital buy in to the model due to a variety of reasons including the stress from competition over the past two years or ongoing competition.
>
> A key part of that buy-in is to agree to set up a joint-agency Emergency Services Coordinating Committee and ongoing operational meetings of key managers as recommended and described in Chapter VI.

> **Agency Participation in Ambulance Costs:** The Ambulance District will need to continue to have adequate funds to budget for all ambulance service costs, including ambulance replacement.
>
> The Hospital will have to agree to cover the net value of EMS staff support to non-ambulance functions of the hospital (e.g., ER, clinics, and patient floors) once all hospital EMS-support costs are determined. The gross value (before netting out hospital support costs) is estimated by the Hospital CEO to be $150,000.
>
> The Fire District will need to agree to reallocate one position at the Driggs Station to cover the 4th shift position at Victor.

> **Unified Protocols:** The agencies will need to commit to continuing the development of consistent and cohesive protocol for EMS operations and conduct joint training to fine-tune operational efficiency.
>
> In addition, they will need to commit to resolving handoff and driving issues as well (likely an issue only in the Driggs area in the Partnership Model).

> **Exposure to the Hospital ER, Clinics, and Patient Floors:** The agencies need to work out a rotational system so that both Fire and Hospital EMS staff have time in the hospital, perhaps through the call-back crews. At least one of the hospital's current EMT's also works for Fire, a situation more common in the past. But, liability issues and coverage will have to be resolved for Fire personnel to work in the hospital.

> **Implementation:** We suggest the Partnership Model be implemented effective October 1, 2013, and tested for two years to assess the ability to resolve above issues and risks and to provide a higher level of service at the same or reduced costs.

> **Plan B:** If Fire and/or the Hospital can't come together in partnership, Plan B is to rebid the ambulance service contract when it expires in 2014. Mercer will assist the Ambulance Service District in developing the technical elements of the Request for Proposals at no additional cost.

# V. EMERGENCY SERVICES IN TETON COUNTY

This chapter of the report reviews the Current Situation regarding emergency services in Teton County, Idaho, including a Profile of Teton County and Emergency Services Agencies; presents the results of the SWOT Assessment developed from interviews with elected officials, stakeholders, agency staff, customers/citizens, and employee surveys; shows the Results of Employee Surveys; and compiles Emerging Issues to review in the Emergency Services Assessment in Chapter VI.

## A. TETON COUNTY, IDAHO

Teton County, Idaho, was established in 1915 with its county seat at Driggs. The county consists of approximately 450 square miles with 65% of the land owned privately, 34% owned by the Federal and State governments, and 1% waterways.

The County has a 2010 population of 10,170, up from 5,999 in 2000, with a population density of 22.6 per square mile. Most residents (6,313 or about 62%) live outside of the County's three cities, which had 2010 populations of:

- ➢ Driggs:      1,660   (up from 1,100 in 2000)
- ➢ Tetonia:      269   (up from 247 in 2000)
- ➢ Victor:      1,928   (up from 840 in 2000)

**Key characteristics of the County** from US Census data include:

- ➢ People live in three small cities and in rural/farming areas.

- ➢ Limited change in population since 2010 per the US Census Bureau (but 2012 data not yet available)

- ➢ Higher percentage of Hispanic (17.2%) than for the State of Idaho (11.5%)

- ➢ Higher percentage of college graduates (33.2%) than for the State of Idaho (24.6%)

- ➢ Higher per capita ($23,576) and median household ($52,444) income than for the State of Idaho ($22,788 and $46,890)

- ➢ Fewer persons below the poverty level (7.2%) than for the State of Idaho (14.3%)

- ➢ Significant number of second homes that are occupied part of the year.

- ➢ Seasonal recreational opportunities in the County and in nearby Wyoming, particularly Grand Targhee resort.

# B. PROFILES OF EMERGENCY SERVICE AGENCIES

This section of the report profiles the major Emergency Services agencies - the Ambulance Service District, Hospital, Fire Protection District, and Sheriff's Office.

## 1.) Ambulance Service District

### Legal Structure

The **Teton County Ambulance Service District (ASD)** is a county district responsible for providing emergency medical response to the citizens of Teton County. The county Board of Commissioners also assumes the roles as Commissioners for the ASD. The district was created by a resolution of the County Board of Commissioners on August 11, 2003. Under Idaho law, the Board of Commissioners is authorized to levy a special tax to support operation of the ASD.

### Services

**Since October 1, 2008, the Ambulance District has contracted with Teton Valley Heath Care** to provide full-time EMT's and Paramedics for immediate response throughout the county. In addition to Teton County, the ASD (through a memorandum of understanding with Teton County, Wyoming, and a TVHC contract amendment effective December 14, 2009) provides emergency response to areas of western Teton County Wyoming, including Alta, the Grand Targhee Ski Resort (GTSR), Teton Canyon, and other wilderness areas not easily accessed by Wyoming responders.

**Ambulance runs have increased from 275 in 2004 to 608 in FY 2012** (10/1/2011 thru 9/30/2012) and include the following calls in the past year:

| | | | |
|---|---|---|---|
| ➤ | Total Calls: | 608 | 393 of these are transports (64.6%) |
| ➤ | Driggs: | 185 | 90 of these are transports (48.6%) |
| ➤ | Victor: | 149 | 82 of these are transports (55.0%) |
| ➤ | Tetonia: | 60 | 28 of these are transports (46.7%) |
| ➤ | Patient Transfers: | 133 | EIRMC, MHC, Madison, Jackson, etc. |
| ➤ | All Wyoming: | 81 | WY runs are 13.3% of runs with 57 transports (70.0%) |
| ➤ | Alta Only: | 12 | 7 of these are transports (58.3%) |
| ➤ | Grand Targhee Only: | 66 | 48 of these are transports (72.7%) |
| ➤ | Standbys: | 60 | Support on Fire calls that do not result in a transport |
| ➤ | Flight Team: | 13 | Support to Air Idaho |

The Driggs, Victor, and Tetonia statistics now includes areas in the county outside of these cities that were reported separately in the past.

**Monthly runs are relatively evenly distributed across the year** with a high of 67 in July and a low of 43 in August.

**Average ambulance response times with ranges from low to high** are:

> ➤ Driggs (4 minutes with a range from 1 to 15 minutes)
> ➤ Victor (11 minutes with a range from 5 to 20 minutes)
> ➤ Tetonia (13 minutes with a range from 10 to 30 minutes)
> ➤ Alta (19 minutes with a range from 16 to 25 minutes)
> ➤ Grand Targhee (18 minutes with a range from 16 to 30 minutes )
> ➤ Inter-facility transfers (3 hours 45 minutes from 2:31 to 7:05)

**911 On Call time** averages 13 minutes per call with a range from 9 to 24 minutes.

## Resources

The **FY 2013 budget** for the ASD totals $636,250, with $445,300 of the budget allocated to the TVHC contract. Other operating expenses include garage rent, insurance, cell phone, fuel, maintenance and repair of vehicles and buildings, professional services (for the Mercer study), dispatch services, and administrative services. Capital Outlays total $32,500 for an upgraded ambulance bay, communications, ALS equipment, and personal protective equipment.

The **Hospital contract** funds operation of the ambulance service, including the cost of Paramedics and Emergency Medical Technicians, as described in the Teton Valley Health Care profile that follows.

The **ASD owns four ambulances,** one being a backup or reserve unit and the others active units. When on the line, these ambulances are based at the hospital. Otherwise, they are stored in the Driggs fire station.

## 2.) Fire Protection District

## Legal Structure

The Fire District's website gives the following overview of its history and governing structure.

### District History

In 1991, Gary Henrie and Jim Parks, with significant help from Bob Dalton, organized a committee to draft the Fire District ballot initiative. There were roughly ten committee members from throughout the valley and current Commissioner Ruby Parsons was on the committee. The committee studied the law books and conferred with Roger Hoopes, an attorney, before writing the ballot initiative.

Concurrent with the committee's efforts, the State of Idaho passed a law that made it possible for the district to tax on improved properties only. The Fire District initiative was on the ballot in 1996, and it passed with 76% in favor.

### How The District Runs

Three Fire Commissioners, one from each district, administer the Teton County Fire Protection District, which is the management and financial arm of the fire department. Duties are divided equally with one commissioner responsible for the personnel, one responsible for the equipment, and one responsible for the financials.

The commissioners hold monthly sessions to discuss executive matters and work meetings, which are open to the public, to review and discuss district operations and finances. At the work meetings, each commissioner reads and signs the budget claims, the monthly financial statements, and the previous meeting's minutes prior to discussing old and new business.

The Fire District is funded from taxes that are collected on improved properties only, which means that no bare, unimproved land is taxed by the district. Commissioners draft a budget every July and hold a hearing in August to finalize it before submitting it to Teton County and ultimately to the State of Idaho for approval.

## Services

The **Fire District now provides traditional fire and rescue services** in the areas of fire suppression, extrication and rescue, first emergency medical responder, fire prevention, fire education, arson investigation, inspection services, and equipment maintenance (including many county departments and agencies) within Teton County and, by memorandum of understanding, into western Teton County, Wyoming, including Alta and Grand Targhee.

The **state fire rating agency** gives the Teton County Fire District a 4 rating for properties within 10 miles of a fire station with full-time staff and a 9 rating for other parts of the county. The department's eventual goal is a 3 rating for areas close to the stations.

**In FY 2012, the Fire District responded to 445 calls** with 266, or 59.8% in Station 1-Driggs area, and 178, or 40.0%, in Station 2-Victor area. Of the total calls, 13 were in Wyoming and one was in Bonneville County. Monthly call volumes ranged from a low of 27 in February and October and a high of 49 in June and July, with a monthly average of 37.

**FY 2012 calls by type are:**

| | | | |
|---|---|---|---|
| ➤ Fires: | 60 | 13.5% | |
| ➤ False Alarm or Call: | 29 | 6.5% | |
| ➤ Good Intent: | 23 | 5.2% | Different than a False Alarm |
| ➤ Hazardous Condition: | 20 | 4.5% | But no fire |
| ➤ Rescue/EMS: | 267 | 60.1% | |
| ➤ Service Call: | 44 | 9.9% | |
| ➤ Special Call: | 1 | .2% | |

## Resources

The **Fire District's total, all funds, FY 2013 budget is $3,334,391.** Of that the **Operating budget** is $2,189,391 (including contingency) with most funds for personnel and equipment (maintenance and procurement). The **Grants budget** is $545,000 for EMS, Fire Prevention, Operations/Vehicles, and Highway Safety. The **Capital Improvements budget** is $325,000.

The District levies about 13 mills on taxable properties with a maximum levy of 24 mills. The District has no debt and cash reserves of $2 million.

**Current staffing** includes a Chief, Fire Marshal/Deputy Chief, Maintenance Chief, and 18 full-time, unionized firefighters working three per shift (one a Paramedic and the rest EMT's) at the Driggs and Victor station. Firefighters work two-day (48 hour) shifts under a modified Kelly Plan. The full-time force is supplemented by 6 (at present) paid-on-call "pool" firefighters.

The District operates out of **three facilities** - staffed stations in Driggs and Victor and a maintenance station in Tetonia. A rescue truck is stationed at the Driggs airport.

**Equipment** includes a 100' ladder truck, three mainline engines/pumpers, one reserve engine/pumper, one rescue truck, and several other pieces of rolling stock.

## 3.) Sheriff's Office

## Legal Structure

**Idaho Code, Title 31, Chapter 22**, as amended, defines the powers and duties of the County Sheriff. These include (with some editing):

1. Preserve the peace.
2. Arrest and take before the nearest magistrate for examination all persons who attempt to commit or who have committed a public offense, unless otherwise provided by law.
3. Prevent and suppress all affrays, breaches of the peace, riots and insurrections which may come to his knowledge.
4. Attend all courts, including magistrate's division of the district court when ordered by a district judge, at their respective terms held within his county, and obey the lawful orders and directions of the courts.
5. Command the aid of as many inhabitants of the county as he may think necessary in the execution of these duties.
6. Take charge of and keep the county jail and the prisoners therein.
7. Indorse upon all process and notices the year, month, day, hour and minute of reception, and issue therefor to the person delivering it, on payment of fees, a certificate showing the names of the parties, title of paper and time of reception.
8. Serve all process and notices in the manner prescribed by law.
9. Certify under his hand upon process or notices the manner and time of service, or, if he fails to make service, the reasons of his failure, and return the same without delay.
10. Perform such other duties as are required of him by law.
11. Keep a record of all stolen cars reported within his county, which record shall contain the name of the motor vehicle, the engine number thereof, a complete description of such vehicle and such other information as may aid in the identification of the stolen car. Such record shall be open to public inspection during office hours and immediately upon receiving a report of a stolen car the sheriff shall prepare and forward a copy thereof to the director of the Idaho state police and he shall also notify the director of the Idaho state police of any and all cars recovered.
12. At the specific request of the governor or his designated agent prevent the unauthorized importation of wild omnivores or carnivores capable of causing injury to people or their property.
13. Work in his county with the Idaho state police in several respects.
14. Work in his county with the Idaho transportation department to give examinations for and sell drivers' licenses and identification cards.
15. Expeditiously and promptly investigate all cases involving missing children when such cases are reported to him.

**Chapter 6, Article E of the County Code** establishes the Office of the County Sheriff, who shall be elected for a four-year term.

## Services

Services offered by the Teton County Sheriff's Office include:

> ➤ Administration
> ➤ Animal Control (also see Title 5, Chapter 1, of the County Code)
> ➤ Arson Task Force (in support of investigators in Fire)
> ➤ Civil Process
> ➤ Dispatch and Communications (also see Title 4, Chapter 2, of the County Code)
> ➤ Drivers Licenses
> ➤ Investigations
> ➤ Patrol and Traffic Enforcement
> ➤ Search and Rescue

These services are provided Countywide with the Sheriff serving the three cities under contract in lieu of city Police Departments. The Search and Rescue Unit is responsible for inland water, wilderness, and urban search and rescue in the county and in support of rescue and ski patrol units in Teton County, Wyoming, area national forests, and the Big Hole Mountains.

## Resources

The **Sheriff's Office staff** includes the following 19 budgeted positions (Note: Within the total staffing, the agency organization chart is slightly different that the budget's list of positions):

> ➤ Sheriff
> ➤ Chief Deputy
> ➤ Administrative Manager (funded across three cost centers)
> ➤ Driver's License Clerk (30 hours)
> ➤ Investigators (2 with one grant-funded)
> ➤ Civil Deputy (35 hours per week)
> ➤ Senior Dispatcher and Dispatchers (4)
> ➤ Patrol Sergeants (2) and Deputies (6)

In addition, the state-mandated Search and Rescue Unit (SAR) is staffed by a part-time Commander and about 15 volunteers, and is equipped with four vehicles, five snowmobiles, and three other pieces of equipment.

The **Sheriff's FY 2013 budget** totals $1,065,444 for the following three cost centers:

> ➤ Sheriff:                          $728,822
> ➤ Dispatch:                       $231,844
> ➤ Emergency Communications:   $104,778

**Offices** are located in the old County Courthouse with a new Law Enforcement Center scheduled to open in a year or so.

**Equipment** includes 7 marked and 4 unmarked vehicles; the radio communication system and base + in-car radios; the dispatch system; and officer gear and equipment.

## 4.) Teton Valley Health Care

## Legal Structure

The Hospital recently changed its legal structure from a county-based hospital to a non-profit. The hospital is governed by a Board of Directors that appoints a CEO to run the hospital on a day-to-day basis.

## Services

**TVHC is a community hospital** providing a wide range of basic medical services, including:

> - Administration
> - Emergency Room
> - Inpatient Care (limited scope)
> - Medical clinics in Driggs and Victor
> - Surgeries (limited scope)

Under contract with the Ambulance Service District, the hospital runs the ambulances. In FY 2012, ambulances responded to 608 calls for service compared to 527 calls in FY 2011. The FY 2012 calls include 394 in Idaho, 81 in Wyoming, and 133 transfers to other facilities. Of these calls, 246 were BLS and 353 were ALS. Transports are required on about 65% of calls or transfers. In addition, EMS staff report over 1,800 in-hospital patient contacts in FY 2012.

## Resources

**EMS staff** at the hospital includes the Director of EMS (a Paramedic who works shifts), seven full-time positions (four Paramedics and three EMT-As working two or three 12-hour shifts or 24-36 hours per week), and sixteen part-time "pool" employees (six Paramedics, four EMT-A, and six EMT-B, who work 1 to 8 12-hour shifts or 6-hour blocks per month). Eight employees have affiliation with the Teton County Fire Department or another area fire department.

The **FY 2013 budget** provides about $582,000 in total with about $174,000 of that estimated to be recovered through ambulance fees and the Teton County, Wyoming, MOU, and the rest from the Ambulance District.

The hospital continues to be owned by the County and the ambulances and related equipment owned by the Ambulance District.

# C. RESULTS OF THE SWOT ASSESSMENT

The SWOT Assessment is compiled from interviews and employee questionnaires and includes a comprehensive list of strengths, weaknesses, opportunities/challenges, and threats. The issues reviewed and questions asked in the five citizen meetings are shown on **Exhibit A, Citizen Meetings Handout**, in Section VII, Exhibits, of the report.

Note that as with other clients, **the SWOT assessment compiles the raw thoughts, ideas, and perceptions of persons interviewed and completing questionnaires**, some of which may not be accurate or may represent past issues that have been resolved. So, caution must be taken in reacting to what is included in the SWOT Assessment. Mercer, therefore, uses the SWOT Assessment as one of several steps in identifying study findings and emerging issues. Further analysis then results in more mature and, hopefully, defensible, study findings that lead to recommendations for change and improvement.

## *1.) Key Ideas and Perceptions*

Across the interviews and questionnaires these key ideas and perceptions represent major themes in the provision of emergency services.

### Strengths

> High level of community support for emergency service agencies

> 24/7/365 coverage with professional, full-time service providers

> An excellent level of service (paramedic-level for medical) with a relatively quick response when called (adjusting for rural areas somewhat distant from stations)

> Good personnel, equipment, and facilities (excluding the old courthouse) and strong support for the hospital as a community asset

> Operational teamwork on the incident site and within the hospital (EMS staff supports medical providers in the ER, clinics, and floors)

### Weaknesses

> County may be of two minds on the level and cost of service (What do we really need?)

> Level of collaboration and cooperation across agencies, except on the incident scene (Need to think, train, and act holistically)

> Uncertainty over who should run ambulances (Fire or Hospital) creates tension and stress

> 2$^{nd}$ ambulance coverage, particularly if there is a run to Grand Targhee

> Funding and/or staffing limitations in some agencies (e.g., number of reserves and patrol deputies, training funds, equipment replacement funds)

## Opportunities/Challenges

> ➤ Opportunity for greater level of cooperation and collaboration, particularly on training, consistent protocols

> ➤ Opportunity for Dispatch services to improve and mature with a new Senior Dispatcher and improving technology

> ➤ Opportunity of the new Law Enforcement Center and challenge of determining the need for an enhanced emergency services Training Center

> ➤ Challenge of determining if a second full-time ambulance is needed in Victor and if critical care transport is needed

> ➤ Challenge of optimizing the mix of full-time and reserve/pool staff

## Threats

> ➤ Continued dissonance over who does what in providing emergency medical services, particularly if response time or patient care suffers

> ➤ Loss of the hospital as a community asset (next closest is about 40 miles away)

> ➤ Loss of community support, particularly related to the idea of "Two Minds"

> ➤ Funding reductions, particularly due to national and state economic issues/recession

> ➤ Ability to respond to a major disaster or emergency in a smaller county with limited resources and personnel

## 2.) Teton County Residents and Officials

The SWOT assessment compiles the thoughts, ideas, and perceptions (some may not be accurate or may represent past issues that have been resolved!) of County leaders, stakeholders, employees, and citizens including:

> **First Section:** members of the Board of Commissioners (also Ambulance District Commissioners), County Clerk, County Prosecutor, Emergency Management Coordinator, Mayors of the three cities, and EMS Medical Director.

> **Second Section:** Stakeholders (like resorts and developers) and citizens and focus group participants in the second section (in *italics*).

## Strengths

> A pretty safe community
> Expansion of medical services due to the population boom in the 2000s (but subsequent bust reduced number of medical providers) and corresponding upgrade from volunteer to full-time professionals in fire and ambulance services
> Great medical providers who are well-motivated, care a lot, and want to do what's best for the community
> County-based hospital (other counties of this size might not have one)
> Relatively consistent medical protocols across agencies
> Communication between resort and ambulance service
> Good equipment and facilities for a smaller county (grants one reason)
> Cohesiveness in responses among the workers, who want to do the right thing (but some say not the politicians)
> Ambulance generates few complaints and no lawsuits. Provides quality of care on ambulances with paramedics. Credible with the Ski Patrol. Service/staff improved with competition from Fire. Community-oriented.
> Fire is professional, community-oriented, well-funded (but funding level a concern to some), and works well with cities. Good response time. Good service. Plenty of well-paid people. The envy of the state.
> Fire responds quickly within cities, but Ambulance not as quickly (to Victor area)
> Sheriff increasingly receptive to City input and traffic control needs with patrol presence and response improving. Good presence. Traffic Control (speeding tickets and DUI) are good. Dispatch response is good and staff capable, but needs stronger leadership. Investigation can be slow and citizens not kept informed of status. Community-oriented. New Chief Deputy is a plus.
> Strong response to incidents with Fire, Ambulance, and Sheriff's staff/equipment
> Unique Search and Rescue (SAR) Team that serves back country and white water. One of the best in the region. Trained EMT's.
> Emergency Operations Center (EOC) supported by well-trained core staff, plus a mobile command unit (upgraded EOC coming in the future public safety/law center)

## Strengths (continued)

> *Excellent emergency services for a community our size, which is a selling point for people to move here (What's broke?)*
> *Having a hospital in the county, particularly for kids and emergencies*
> *Quality of Paramedics and EMT's at the hospital*
> *Excellent Fire operations with full-time firefighters and stations in Driggs and Victor*
> *Professionalism of Sheriff's Office staff plus cars roaming the county*
> *Fire and EMS training*

## Weaknesses/Areas to Improve

> What does the county really <u>need</u>...not just <u>want</u> in terms of emergency service levels (the community appears to be of two minds)?
> No real strategic plan for emergency services and no clearly-defined service levels
> Lack of knowledge on budgets and resources by decision-makers and managers
> Limited financial resources in a rural community (but not in Fire with a district) with a low county tax rate compared to other Idaho counties
> Fire budget too high per some in the community (instead use more volunteers to reduce the cost?).
> Are the various emergency services committed to working together?  Enough joint training?
> Egos, lack of communication, finger-pointing, empire building, politics
> Animosity between Fire and Hospital EMS due to Fire's ambulance bid and proposal
> There are pros and cons to Fire or EMS-provided ambulance service
> How to keep paramedics at a state-of-the-art level of quality with a low call volume and few patient encounters?
> Fine-tune hand-offs between resort and ambulance (more training)
> Uncertainty about the future of the hospital (but hospital board working on this)
> Water supply lacking in some areas, thereby rely on Tenders.
> Need to improve monitoring of water sources (wells, ponds).
> Arson Task Force is somewhat dysfunctional
> Response level and response time by Teton County, Wyoming, SAR (more joint training)
> Friction between Prosecutor and Sheriff (e.g., quality of investigations)
> Too large a response to an auto accident with Fire, Hospital EMS, and Sheriff.  Overkill?

> *Overkill of response at times (Fire and Ambulance vehicles and staff running together)*
> *Is Fire spending too much?*
> *Dispatch is a weakness (training, communications)*
> *GPS and address change can cause confusion in finding specific locations on a call*
> *No jail in the county causes prisoner transport (need holding cell)*

## Opportunities/Future Challenges

> Key in structuring the service delivery model is good value for services, as well as defined efficiency and service levels through strategic and functional business planning
> Reduce the number of taxing entities and taxes in the future?
> Willing partners are looking for solutions for Teton Valley
> Collaborate with neighboring counties in Idaho and Wyoming
> Dealing with the building bust and a stable (or some say declining) population
> Grow the hospital to provide greater and higher levels of care
> Shifting the hospital to a non-profit status (limits County's liability)
> Coming Justice Center facility
> Greater use of fire volunteers (paid-on-call pool)
> Idaho/Wyoming MOU to figure out the Idaho and Wyoming relationship and fairly compensate Teton County agencies
> Implement the impact fees for Fire
> GIS system is maturing, but not fully functional
> Future state-level changes to the oversight of emergency services
> Coping with increases in summer time visitors at resorts (e.g., downhill biking)

> *Concerns about blending EMS into Fire (where is the cost-benefit?)*
> *Agencies are not connected (redundancies and competition)*
> *Planning process that involves all EMS agencies*

## Threats

> Politics and the effects of elections
> Return to volunteer days for the fire service
> Lack of resources if another recession or property values don't recover
> A "big" fire or incident (natural disaster, school, winter blues)
> Lack of MOU for Idaho-provided services in Wyoming

> *If patient care suffers due to fragmentation, competition*
> *Inability to resolve different service level expectations of long-time residents and newcomers*

## 3.) Teton Valley Health Care (TVHC)

The SWOT assessment compiles the thoughts, ideas, and perceptions (some may not be accurate or may represent past issues that have been resolved!) from interviews and employee surveys. Comments are presented in three sections:

> ➤ Hospital Board members and senior managers (the first section),
> ➤ Medical and nursing employees (the second section in **bold**), and
> ➤ EMS staff (third section in *italics*).

## Strengths

> ➤ Hospital's quality of care, particularly in a smaller community
> ➤ Hospital-based EMS benefits the community, EMS staff, and the hospital
> ➤ Paramedic-level ambulance service working 24/7/365 as of 2010
> ➤ Quality of Paramedics and EMT's
> ➤ EMS staff's connection to ER and the Medical/Nursing staff (a single team)
> ➤ Hospital clinics and emergency room services
> ➤ EMS ready to transfer patients to Idaho Falls and other facilities
> ➤ Ambulance equipment and response times
> ➤ Well-developed Fire service with excellent working relationship on the call
> ➤ Sheriff's services have improved over the past four years

> ➤ **Emergency medical system works well (dispatch, ambulance, Air Idaho)**
> ➤ **Community knows the hospital-based medical providers**
> ➤ **Shift from volunteer to full-time EMS staff working 24/7/365**
> ➤ **Good working relationship among nursing, medical, and EMS staff (Trust!)**
> ➤ **Creative approach to patient care as a small hospital**
> ➤ **Advanced Trauma Life Support (ATLF) certification to get patients stable and ready for transport and Advanced Cardio Life Support (ACLS) for heart patients**
> ➤ **Strong paramedics with wide experience and training**
> ➤ **Teamwork across agencies, including the Sheriff's Office**
> ➤ **Fire is ready to respond with good equipment and staff**
> ➤ **Hospital-based EMS provides extra patient contacts, post-event debriefings with medical staff, cross-unit support, and extra hands in the emergency room, clinics, and floors**

> ➤ *Hospital-based EMS increases training, experience (e.g., IV's), and knowledge because of increased patient contacts*
> ➤ *TVHC becoming a 24/7/365 paramedic service*
> ➤ *Ambulance service runs well at present with cohesive EMS staff*
> ➤ *Tiered-response from Sheriff, Fire, and Ambulance provides quick service with a good working relationship on the scene*
> ➤ *Committed EMS employees with training instructors in-house*
> ➤ *EMS relationship with hospital staff – nurses, mid-level, doctors (teamwork + trust)*
> ➤ *Improvement in hospital's quality assurance program*
> ➤ *Well-equipped with excellent equipment maintenance by the Fire District*

## Weaknesses/Areas to Improve

- Need to think holistically and develop standard Fire/EMS protocols (in process)
- Overlaps, fragmentation, turf battles, control issues
- Unrealistic community expectations about the role and response of ambulances
- Impact on the hospital if EMS/ambulances shift to Fire (lose help in the ER and with inpatients on floors and in the clinics)
- Impact on EMS staff if EMS/ambulances shift to Fire (likely would lose chance to hone skills in the ER, clinics, and with inpatients)
- Would Fire spend time in the ER if they had the ambulance contract and do transfers?
- Need to increase Paramedic and EMT training
- Are Hospital EMS salary levels comparable to the market?
- Questions about the size of the Fire District's budget and salaries
- Dispatch needs to correctly identify addresses of 911 callers to aid emergency response
- Continued improvements in Dispatch (but new leadership recognized as a positive)
- Find new hospital revenue sources and expand existing ones

- **Continue to develop cross-functional (nursing, medical provider, EMS) protocols**
- **Hard to keep up Paramedic/EMT skills with ambulance runs only**
- **Upgrade all EMT's to higher level (A)**
- **Staffing the second ambulance (takes 10-20 minutes to get to hospital to start run)**
- **Weather delays for airlifts and transports**
- **Some limits on hospital services and equipment (MRI on Tuesdays only)**
- **Contention between Fire and TVHC Ambulance (need to keep up communications)**

- *Responding to community needs in a rural area*
- *Recognize the EMS Director as the County EMS Chief*
- *Poor relationship between Hospital EMS and Fire, including lack of respect and limited communications (other than on calls), but many people work/worked for both*
- *Some tensions at EMS to Fire "hand-offs" of patients (working on a MOU)*
- *Dispatch protocols and system, particularly FATPOT connection, CAD, GPS, and GIS (solutions in process)*
- *Keep on paramedic/medical protocols(link all emergency response agencies)*
- *Better Paramedic/EMT pay (e.g., only hospital employees without recent bonuses)*
- *Lack of cost-of-living raises over the past few years (see employee surveys)*
- *Need more training due to low call volumes(being hospital-based helps)*
- *Better scheduling system for on call and transfer crews*
- *Need more creative ways of generating income for training*

## Opportunities/Future Challenges

- Hospital about to embark on a strategic planning exercise
- EMS moving to upgrade to critical care transfer services (frees up nurses for TVHC duty)
- Break out ambulance budget in hospital's accounting system
- Based on call volumes, is a second ambulance needed in Victor?
- Recommendations in the Mercer study

- **Even if Fire does EMS/Ambulance, the hospital will work hard to make sure patient services continue to be effective**
- **Keeping up with paramedic-level skills**
- **Collaboration among emergency service agencies**
- **Upgrade to critical care paramedic service**
- **Grow general surgery services at TVHC**
- **Inter-facility transfers (now by the back-up crew)**
- **Dealing with demographics, particularly visitors**
- **New electronic medical records system being implemented (exciting, but a challenge)**
- **Services if an assisted living center opens in the county**
- **Possible increase in emergency room visits with the Affordable Care Act**

- *Add Critical Care paramedicine services*
- *Expand base of full-time employees and reduce pool to allow more shifts per month*
- *Add an exercise room and sleeping quarters for night crews*
- *Provide additional support to the US Fire Service*
- *Billing with new healthcare system in place*
- *Joint training and clearer understanding of Fire, EMS, Sheriff/Dispatch, and SAR roles*
- *Joint debriefings after emergency calls*
- *Is the tiered response system still valid?*
- *Use fourth ambulance for wild land fires to generate extra income*
- *Start an EMS training center to generate income for the training budget*
- *Responding to a second building boom in the future*
- *Resolving differing expectations of old timers and new residents (e.g., $2^{nd}$ home folks)*

## Threats

- ➢ Loss of the hospital and/or external contract management
- ➢ Continued emergency services turf wars locally
- ➢ Fire taking over the ambulance service (Why change? What's wrong now?)
- ➢ Lose of EMS jobs if Fire has the ambulance contract
- ➢ May not have enough resources to respond to a major disaster or emergency situation

- ➢ **Hospital closing**
- ➢ **Uncertainty over the future of hospital-based EMS/ambulance**
- ➢ **Continuity of care might suffer if Fire provides ambulance services**
- ➢ **Maintaining competencies and skills in a smaller community with few calls**

- ➢ *Hospital financial condition threatens its future*
- ➢ *Responding to a major disaster or incident (e.g., school bus accident)*
- ➢ *Losing the ambulance contract to Fire would be bad for pre-hospital care (disrupts continuity of care from field to hospital to referral facility) and cost jobs*
- ➢ *Regressing to an all-volunteer emergency medical system*

# 4.) Teton County Fire Protection District (TVFD)

The SWOT assessment compiles the thoughts, ideas, and perceptions (some may not be accurate or may represent past issues that have been resolved!) from interviews and employee surveys. Comments are presented in three sections:

> ➤ Fire District board members (first section),
> ➤ Senior managers (second section in **bold**), and
> ➤ Full-time and part-time/pool/reserve on-shift captains, drivers, and firefighter paramedics and emergency medical technicians (third section in *italics*).

## Strengths

> ➤ Fire is the envy of the state due to state-of-the-art equipment and three stations
> ➤ Improvements since 2008 (full-time staff, paramedics, equipment, stations)
> ➤ No debt, $2 million in the bank with capital improvement funding for replacements, and a reserve under the "foregone" process
> ➤ Stations just remodeled
> ➤ Staff now includes three full-time firefighters per shift in Driggs and Victor
> ➤ Well-trained staff with 8-10 paramedic firefighters with one on duty at all times in both Driggs and Victor to create paramedic quick response units
> ➤ "New" rescue truck at the airport (from Bureau of Land Management) at no cost up front
> ➤ Tiered response (Fire as first responder then ambulance)
> ➤ Fire's commitment to the community
> ➤ Strategic thinking

> ➤ **Location and condition of stations**
> ➤ **Well-equipped, well-maintained equipment is adequate for many years of service**
> ➤ **Career and reserve force are well trained, dedicated, and professional**
> ➤ **The Fire District is well funded due to frugal management for the past 16 years**

> ➤ *Progress over the past 7 to 10 years (24/7 coverage, upgraded equipment, full-time staff at two stations)*
> ➤ *Adequate staff across stations and shifts*
> ➤ *Firefighters work together well and interact a lot due to shift/station changes*
> ➤ *ALS-level response (need paramedics in rural areas)*
> ➤ *Operational capabilities (fire, wild lands, extrication, high-angle rescue, first responders)*
> ➤ *Response times are good (under 8 minutes)near the stations in Driggs and Victor (but 20-25 minutes to edges of the County)*
> ➤ *Staffing and working relationships among agencies on the scene*
> ➤ *Solid set of equipment and apparatus for a smaller county*
> ➤ *Ladder important to access roofs and reach across obstacles (like snow banks)*
> ➤ *Fire maintenance supports other County departments (Hospital EMS, Sheriff, Coroner)*

## Weaknesses/Areas to Improve

> Few real weaknesses
> Need a new station in Tetonia
> Fire protection rating by Idaho Surveying and Rating Bureau, Inc. is higher than the District wants in the long-term (4 close to stations now vs. a goal of 3)
> Unionized workforce (in a mostly non-union valley) was a hard transition, but better now, although the community may not be supportive of a union
> Public perception that Fire staff is overpaid (but may not be accurate)
> Fire's ambulance proposal may not have been explained well

> **The number of Reserve (volunteer) personnel has declined over the past five years**
> **Budgeting and accounting practices are not consistent with modern principles and practices (e.g., depreciation)**
> **Communicating the department's strengths, programs and services to the public.**
> **Dispatch Center is a consistently poor performer and Fire funds one third of its operating budget. Need more dispatcher training. No Dispatch Users Group. Why are dispatch costs split 1/3 Fire, 1/3 Hospital, and 1/3 Sheriff?**
> **Arson investigations suffer when Fire, Law, and Prosecution fail to work together. Need more from the Sheriff's Office (two arson investigators about to retire and two detective positions converted to Patrol deputies). Arson fires are rare, but recent suspicion of arson is more frequent with the recession. Make arson investigators sworn peace officers? Arson Task Force at a standstill.**
> **Is Search and Rescue too independent? Should it be more closely connected to Fire, Hospital EMS, and Sheriff**
> **Distance is an issue in Mutual Aid responses to Jackson, Madison, Swan Valley, and the US Forest Service…and vice versa for Wyoming agencies**

> *Public perception of Fire and EMS services*
> *Not a consolidated effort with everyone on the same page…duplication of services*
> *Need a Training Chief for Fire and EMS (had one in past, but role now assigned to various Captains)*
> *Need more frequent joint training with Fire, EMS, Sheriff, SAR to improve coordination*
> *Hospital EMS staff has little or no commitment to training and competency maintenance*
> *Communications within the Fire Department (up/down) and with the community*
> *Increase the number of Fire Reserves to 15-20*
> *Need an ambulance in Victor due to traffic volume and larger population*
> *Concern about call-out time for the current second ambulance and lack of coverage if ambulance call to Grand Targhee*
> *Tighten the funding agreement (MOU) with Wyoming for Alta and Grand Targhee*
> *Call-out ambulance staff may be unfamiliar with the County due to few monthly calls*
> *Fire lacks job descriptions, but staff knows what to do*
> *No performance evaluation process*
> *Hiring policies and procedures need improvement*
> *Shift changes can happen unexpectedly (like close to holidays)*
> *Lot of staff turnover*
> *Need more money for out-of-county training and ride-alongs with other agencies*
> *County lacks a training center and must rely on centers in Rexburg and Idaho Falls*

- *Hard to get some repairs (e.g., teeth on chain saws) or replaced/upgraded (e.g., chain saws). Had maintenance helper (firefighter/mechanic) in past. Need certified mechanic.*
- *Equipment Committee (for specification and selection) not active recently*
- *Need to develop a Fire Operations Plan with policies and procedures (in process) and a new employee orientation manual*
- *Define station response areas*
- *Reserve firefighters performance varies person-to-person*
- *Water supply not as good in Victor with smaller lines and lower pressures. No hydrant flushing program due to sediment buildup.*
- *Dispatch has the right intentions, but perhaps not the right training (e.g., Fire wants the address AND the city, but Dispatch may only give the address) (e.g., dispatcher may talk too much). New Dispatch Supervisor expected to make a difference. New scripts coming for Fire calls. Is low Dispatcher pay an issue?*
- *Radio system not fully functional in some areas of the county (need repeaters?)*
- *Both stations toned out on every call even if one station is not needed*
- *Sheriff only has one Patrol Deputy on duty at times*
- *Restart Sheriff's Reserve Patrol?*

## Opportunities/Future Challenges

- Add a Fire-operated ambulance in Victor
- Fire's proposal to run the ambulance program with three-person staff
- New public relations person
- Improve water supply (subdivisions must have a water system or a pool to fill tender)
- Responding to subdivision and developments on dry farms (20 miles from stations)
- Add another full-service station in the North End (10 years out)
- Budget growth when the economy breaks loose (need to add a station)
- New Chief (formerly the Fire Marshal)

- **A public relations consultant hired to assist in communications and marketing**
- **ALS Ambulance Service to increase and improve service and reduce the expense**
- **Add a second ambulance in Victor?**
- **Higher staffing levels will likely improve the fire protection rating from a "4" to a "3" (within ten miles of a station)**
- **Move maintenance and staff the Tetonia station**
- **Upgrade Training facilities**

- *Worsening community opinion of TVFD*
- *Future development will add responsibilities and revenue*
- *Better use of hospital for Fire paramedic/EMT skill maintenance*
- *Expand Fire reserve pool to increase staff available to respond*
- *Higher level of cross-training to improve utilization of responders on site*
- *Enhance first aid training for Sheriff's deputies*
- *Medical transports/transfers by Fire*

## Threats

- ➤ Another recession
- ➤ Dissolving the Fire District
- ➤ Returning to volunteers (but what to about possible shortage during work days?)

- ➤ **Hot political climate in a diverse and fractured community resulting in turmoil and indecision**
- ➤ **Poor economy and continued decline of property values for consecutive years**

- ➤ *Inability to work together effectively with other local agencies*
- ➤ *Unwillingness to consider different emergency medical provision models*
- ➤ *Taking on the ambulance service would stress out our (Fire) system due to overtime requirements*
- ➤ *If Fire has poor leadership in the future (a theoretical threat and not a real one now)*
- ➤ *Revert to a volunteer service*
- ➤ *Unspoken "old boys club"*
- ➤ *Life safety issues with equipment, particularly accidents (maintenance is key to safety)*
- ➤ *Continued decline in property values and overall funding flow*

## 5.) Teton County Sheriff's Office (TCSO)

The SWOT assessment compiles the thoughts, ideas, and perceptions (some may not be accurate or may represent past issues that have been resolved!) from interviews and employee surveys. Comments are presented in three sections:

> ➤ Sheriff and senior managers (first section),
> ➤ Full-time sworn and civilian employees (second section in **bold**), and
> ➤ Staff in the Prosecutor's Office (third section in *italics*).

## Strengths

> ➤ Visual crime down
> ➤ Citizen trust increasing
> ➤ Improvements in Fire and Ambulance full-time staff, stations, and services
> ➤ Good relationship with the Fire Department (know each other personally)
> ➤ Technology (e.g., mapping, automated vehicle locator)
> ➤ New Dispatch Supervisor position (for leadership and to cover shifts)

> ➤ **24/7/365 availability and quick response to calls**
> ➤ **Community relations**
> ➤ **Good leadership and support from the chain of command (Sheriff)**
> ➤ **Patrol-Investigator working relationship**
> ➤ **Sheriff's staff dedicated to service, professionals, team, work hard, good attitude**
> ➤ **Good morale within the Sheriff's Office**
> ➤ **Public support for the Sheriff's Office**
> ➤ **Support from and teamwork across Sheriff, Fire, Ambulance, and SAR**
> ➤ **Quality of Fire and Ambulance services**
> ➤ **New Dispatch Supervisor**
> ➤ **Support by special teams from other agencies**
> ➤ **Two Spanish-speaking deputies and one in Dispatch**
> ➤ **Support from County's IT Technician**
> ➤ **Two Fire stations and 24/7/365 crews**
> ➤ **Take Home Cars**
> ➤ **GPS to track cars and deputies**
> ➤ **Equipment good (with some exceptions noted below)**

> ➤ *Ambulance service has no lawsuits or negligence claims and, if needed, staff is capable of testifying in court. Professional. Wonderful to work with.*
> ➤ *Fire is well-funded with good response times with plenty of people. Professional. Wonderful to work with.*
> ➤ *Sheriff's dispatch, traffic control (speeding tickets and DUIs), and presence is good. SAR does a good job.*

## Weaknesses/Areas to Improve

➢ Not enough staff or funds for Sheriff's Office
➢ Sheriff asks, but Board of County Commissioners may not fund
➢ Staff reductions make it hard for deputies to take time off
➢ Relatively young, short-tenured staff in Sheriff's Office
➢ Responding to two ambulance calls at the same time
➢ Don't know ambulance staff as well as Fire
➢ Search and Rescue is relatively independent
➢ Post-incident debriefings with Fire and Idaho State Patrol, but not Ambulance
➢ Fire and Hospital competition over the contract for ambulance service
➢ Need a dedicated Animal Control Officer

➢ **Takes too much time for back up to arrive on call scene**
➢ **Need one more patrol deputy position (some say two)**
➢ **Dispatch short-staffed at time (but new hire may resolve this)**
➢ **Ambulance staff not as connected to Sheriff's staff as Fire staff**
➢ **Not enough support from the Board of County Commissioners**
➢ **Location and condition of the current offices**
➢ **Lack bilinguals in the front office**
➢ **Some radio weak/dead spots (e.g., areas in Victor), but cell phones work**
➢ **Better, newer vehicles (keep up with replacement cycle)**
➢ **Add in-car cameras with audio and license plate reader**
➢ **Deputies need to learn to use in-car/truck technology better**
➢ **Services into Wyoming uncertain (no active MOU)**
➢ **Benefits not as good as other area Sheriff's Offices**
➢ **More surveillance cameras in local businesses**
➢ **Sheriff currently not on the County's phone system**
➢ **Firing range is in Jackson**
➢ **Prosecutor-Sheriff's Office tensions over investigations (being resolved)**

➢ *Duplicative response to some emergencies (e.g., 1-2 units from Sheriff, an ambulance, and 1-2 units from Fire)*
➢ *Sheriff's Dispatchers are capable individually, but need to improve as a whole*
➢ *Sheriff's investigations may fall through or stop with inadequate public communications. Need to improve documentation, response to Prosecutor's follow-up requests, and trainings and certifications. Sheriff's staff does well in court, however.*
➢ *Issues with the Sheriff and former Chief Deputy*
➢ *Fire's water supply is problematic in some areas and water sources are not monitored*
➢ *Arson investigations, but improving with better training. The Arson Task Force, however, is weakened by retirements and reassignments, but may not be that critical.*
➢ *Relationship between the Teton counties*

## Opportunities/Future Challenges

> Radio/CAD/Dispatch improving, but must keep up with technology
> New Dispatch Supervisor position
> Monthly Radio Users meeting (Sheriff, Fire, Ambulance, Emergency Management)
> Continue to provide adequate training opportunities, including cross-agency collaboration

> **Involve elected officials more to help them understand operations and needs**
> **Look for additional ways to raise funds**
> **Citizens Academy**
> **Reserve program**
> **New Law Enforcement Center**
> **Additional patrol deputies**
> **Involve ambulance staff more in informal activities to improvement teamwork**

> *Comprehensive MOU with Wyoming along with a unified incident command system*
> *Video arraignments in the future but need more bandwidth in Driggs to do them. Some phone arraignments now. Cheaper to have a deputy go get the prisoner and bring him/her to Driggs.*

## Threats

> Budget cuts (e.g., Investigator)

> **Officer safety (due to staffing levels)**
> **More budget cuts (e.g., vehicles)**
> **Losing current leaders**
> **Power outage at the old Courthouse (effect on Dispatch)**
> **Responding to a major emergency like a lightning storm or blizzard with relatively small staffs in emergency services agencies**
> **Loss of support from the Board of County Commissioners**
> **If 911 roll-over to Idaho State Patrol doesn't work**
> **What coming next in the boom-bust cycle?**

> *Big fire*
> *Investigations that don't support prosecutions*

# D. RESULTS OF THE EMPLOYEE SURVEYS

The Mercer Group asked employees of the Fire Protection District, Teton Valley Health Care (EMS staff only), and Sheriff's Office to complete several employee surveys and questionnaires. Master copies of these documents are provided as **Attachments A and B** in Section VIII, Attachments. These tools, along with interviews and data collection, are Mercer's primary means of understanding and assessing the emergency services agencies.

## *1.) Description of Mercer's Employee Surveys*

1. **ORGANIZATIONAL CLIMATE SURVEY (OCS):** Presents a list of sixty statements or questions designed to measure the health of the culture of each agency based on the following twelve cultural factors (five questions for each factor).

   - Career Opportunities
   - Compensation and Benefits
   - Employee Involvement
   - Information and Communications
   - Management and Supervisory Competence
   - Understanding of Organizational Goals
   - Productivity and Services
   - Quality Emphasis
   - Receptivity to Change
   - Working Conditions
   - Work Group (Managers and Supervisors) Problem Solving
   - Work Group (teams) Coordination and Cooperation

   Scoring options are Strongly Agree, Agree, Undecided, Disagree, and Strongly Disagree. The results are compiled into three scores (Strongly Agree + Agree, Undecided, and Strongly Disagree + Disagree). Scores compared to Mercer's Minimum and High Performance Standards are shown on the tables that follow.

2. **VALUES SURVEY:** Asks employees to identify Key Values using sample values in the public sector to help frame their response. The survey also asks these questions:

   - Are values documented in a formal Values Statement?
   - Are values given to employees and posted in work sites?
   - Are values created with employee input?
   - If a large organization, are division/unit values created and linked to the overall Values Statement?
   - Are values lived, even if informally, on a daily basis?

   We expect the number of Yes answers to be at least double the number of No answers.

3. **GRIPES SURVEY:** The "Do You Have GRIPES?" survey help Mercer understand key management practices in each agency. Factors rated are:

- **Growth:** Organizational Support and Training Hours
- **Respect:** By supervisors, senior managers, elected officials and other departments, and through rewards
- **Information:** To do your job well and to understand policies and business decisions
- **Potential:** The degree to which the agency taps employee skills and experience (not a measure of productivity!)
- **Empowerment:** Adequacy of authority to make decision on the job
- **Support:** From administrative staff in the agency, senior agency managers, central administrative support (in the County and Hospital), and from elected officials and others downtown

Most factors are rated from No/None to Always, which are converted into scores of 1, 2, 3, 4, and 5, with Potential rated from 0% to 100%. Scores compared to Mercer's Minimum and High Performance Standards are shown on the tables that follow.

4. **RESOURCES SURVEY:** Asks employees to rate and comment on a the following nine categories of resources:

- Staffing
- Facility
- Vehicles
- Tools
- Gear
- Office Equipment
- Computers
- Materials
- Other Resources (contracts, leases, technical support, capital projects, fees)

Factors are rated as Poor, Fair, Adequate, Good, and Excellent, which are converted into scores of 1, 2, 3, 4, and 5. Scores compared to Mercer's Minimum and High Performance Standards are shown on the tables that follow.

5.  **PERSONNEL PRACTICES SURVEY:**

    - Hiring Process
    - Career Ladders
    - Training
    - Grievances (initiated by the employee)
    - Discipline (initiated by the employer)
    - Performance Evaluations
    - Pay
    - Benefits
    - Labor Relations (related to union employees)
    - Morale

    Factors are rated as Poor, Fair, Adequate, Good, and Excellent, which are converted into scores of 1, 2, 3, 4, and 5. Scores compared to Mercer's Minimum and High Performance Standards are shown on the tables that follow.

6.  **MANAGEMENT PHILOSOPHY PROFILE (For Supervisors Only): Exhibit E** asks managers and supervisors <u>only</u> to define their current and targeted philosophy toward managing based on the following twelve criteria with each rated on a continuum from the first to the second factor.

    - **Personality:** Type (introverted to extroverted)
    - **Personality:** Risk-taking (limited to extensive)
    - **Personality:** Initiative (reactive to proactive)
    - **Personality:** Solutions (feelings to analysis)
    - **Work Focus:** People (internal to external)
    - **Work Focus:** Work (details to broad issues)
    - **Work Focus:** Resources (things to people)
    - **Work Focus:** Time (past to future)
    - **Relationships:** Status (boss to empowering)
    - **Relationships:** Delegation (central/limited or decentral/a lot)
    - **Relationships:** Decisions (open or closed)
    - **Relationships:** Communications (informal to formal)

## 2.) Teton Valley Health Care (EMS Staff Only)

| VALUES SURVEY | Yes | No |
|---|---|---|
| Documented in writing | 12 | 5 |
| Given to all employees or posted | 13 | 6 |
| Created with employee input | **9** | **6** |
| Related to agency-wide values | 15 | 2 |
| Lived each day even if informal | 17 | 1 |
| Key Values Listed in Survey (mentioned in more than ½ of the employee surveys) | Integrity Compassion Respect for All Quality/Excellence | |
| MERCER STANDARD | Yes = at least two times No | TVHC meets the standard, except for employee input |

| ORG CLIMATE SURVEY | All Employees | Supervisors | Non-Supervisors |
|---|---|---|---|
| Career Opportunities | 71.1% / 11.1% | N/A-Too Few | 69.4% / 11.8% |
| **Compensation & Benefits** | **44.4% / 26.7%** | Supervisors | **45.9% / 25.9%** |
| Employee Involvement | 79.9% / 11.1% | | 78.8% / 10.6% |
| Information & Communications | 81.1% /  5.6% | | 81.2% /  5.9% |
| Management Competence | 82.2% /  3.3% | | 81.2% /  3.5% |
| Organizational Goals | 83.3% / 10.0% | | 83.5% /  9.4% |
| Productivity & Service | 90.0% /  2.2% | | 89.4% /  2.4% |
| Quality Emphasis | 95.6% /  2.2% | | 95.3% /  2.3% |
| Receptivity to Change | 77.8% /  3.3% | | 76.5% /  3.5% |
| Working Conditions | 84.4% /  5.6% | | 83.5% /  5.9% |
| Work Group Problem Solving (by managers and supervisors) | 84.4% /  3.3% | | 83.5% /  3.6% |
| Work Group Coordination (by team members) | 84.4% /  4.4% | | 83.5% /  4.7% |
| OVERALL SCORES | 79.9% /  7.4% | N/A | 79.3% /  7.5% |
| MINIMUM STANDARD | >50% Agree <40% Disagree | >50% Agree <40% Disagree | >50% Agree <40% Disagree |
| HIGH PERFORMANCE STD | **>60.0% Agree <30.0% Disagree** | >60.0% Agree <30.0% Disagree | **>60.0% Agree <30.0% Disagree** |

**Note:**  Scores: First is Strongly Agree + Agree and the second is Strongly Disagree + Disagree
Overall: Great Scores are well above the High Performance Standard
Undecided: Most scores low (at/under 15%) except for Comp & Benefits (28.89%)
Supervisor and Non-Supervisor: Scores are similar (with +/- 5%)
Compensation & Benefits: Personnel Practices survey shows Benefits drives low score

| GRIPES SURVEY | All Employees | Supervisors | Non-Supervisors |
|---|---|---|---|
| Growth-Organizational Help | 4.22 | N/A-Too Few | 4.24 |
| Growth-Training Hours | 5.00 | Supervisors | 5.00 |
| Respect-By Supervisor | 4.11 | | 4.12 |
| Respect-By Senior Manager | 3.24 | | 3.19 |
| **Respect-By Elected Officials** | **2.28** | | **2.29** |
| **Respect-Rewards** | **1.22** | | **1.24** |
| Information-Job Related | 4.02 | | 4.06 |
| Information-Policies & Procedures | 3.33 | | 3.29 |
| Potential (Talents Tapped) | 74% | | 72% |
| Empowerment | 4.12 | | 4.13 |
| Support-By Department | 4.00 | | 4.00 |
| Support-By Management Team | 3.28 | | 3.24 |
| Support-By Support Services | 3.39 | | 3.35 |
| **Support-By Elected Officials** | **2.83** | | **2.82** |
| OVERALL SCORES | 3.62 | N/A | 3.63 |
| MINIMUM STANDARD | 3.00 / 60% | 3.00 / 60% | 3.00 / 60% |
| HIGH PERFORMANCE STD | **4.00 / 70%** | **4.00 / 70%** | **4.00 / 70%** |

**Notes:** Overall: Very Good Scores are approaching the High Performance Standard
Respect: Lower rating for higher levels (County and Fire District) is typical
Rewards: No pay raises in five years
Information: Dispatch could improve information provided
Support: Crucial for Ambulance to be hospital-based

| RESOURCES SURVEY | All Employees | Supervisors | Non-Supervisors |
|---|---|---|---|
| **Staffing** | **2.94** | N/A-Too Few | **2.94** |
| Facility | 4.17 | Supervisors | 4.12 |
| Vehicles | 4.22 | | 4.18 |
| Tools | 4.44 | | 4.47 |
| Gear | 4.14 | | 4.15 |
| Office Equipment | 3.97 | | 3.91 |
| Computers | 3.72 | | 3.65 |
| Materials | 3.81 | | 3.73 |
| Other Resources | 3.23 | | 3.18 |
| OVERALL SCORES | 3.86 | N/A | 3.83 |
| MINIMUM STANDARD | 3.00 | 3.00 | 3.00 |
| HIGH PERFORMANCE STD | **4.00** | **4.00** | **4.00** |

**Notes:** Overall: Very Good Scores are close to the High Performance Standard
Staffing: Hard to cover sick/vacation, Supervisor works on shift, Pool needs more shifts
Facility: Very small EMS office that needs better furniture
Computers: County FATPOT + GIS issues and no Wi-Fi or Projector at Training Center
Other: Fairly low collection rate and operating budget

| PERSONNEL PRACTICES SURVEY | All Employees | Supervisors | Non-Supervisors |
|---|---|---|---|
| Hiring Process | 3.92 | N/A-Too Few | 3.82 |
| Career Ladders | 3.19 | Supervisors | 3.21 |
| Training | 3.89 | | 3.88 |
| Grievances | 3.67 | | 3.65 |
| Discipline | 3.17 | | 3.12 |
| Performance Evaluations | 3.78 | | 3.76 |
| Pay | 3.14 | | 3.15 |
| **Benefits** | **2.88** | | **2.81** |
| Labor Relations | 3.00 | | 3.00 |
| Morale | 3.03 | | 3.03 |
| OVERALL SCORES | 3.39 | N/A | 3.38 |
| MINIMUM STANDARD | **3.00** | **3.00** | **3.00** |
| HIGH PERFORMANCE STD | 4.00 | 4.00 | 4.00 |

**Notes:** Overall: Good Scores are above the Minimum Standard

Career Ladder: Low attrition rate despite limited promotion opportunities

Training: Improved by being hospital based

Discipline: No policies and procedures (SDE: Check!)

Pay: Poor compared to Nursing and the Fire District plus not licensure-based

Benefits: Concern seems more for Benefits than Pay (also see OCS)

Labor Relations: No union limited ratings and comments

Morale: Impacted by Fire District "takeover attempt" and recent Board/CEO changes

## 3.) Teton County Fire Prevention District

| VALUES SURVEY | Yes | No |
|---|---|---|
| Documented in writing | 4 | 14 |
| Given to all employees or posted | 3 | 15 |
| Created with employee input | 5 | 13 |
| Related to agency-wide values | 4 | 14 |
| Lived each day even if informal | 14 | 3 |
| Key Values Listed in Survey (in more than ½ of the 11 employee surveys listing values) | Public/Customer Service Professionalism/Pride Integrity/Honor/Trust Brotherhood/Team Financial Responsibility | |
| MERCER STANDARD | Yes = at least two times No | Do not meet standard |

| ORG CLIMATE SURVEY | All Employees | Supervisors | Non-Supervisors |
|---|---|---|---|
| Career Opportunities | 62.0% / 27.0% | 70.0% / 30.0% | 59.6% / 25.7% |
| Compensation & Benefits | 65.0% / 15.0% | 66.7% / 20.0% | 64.3% / 12.9% |
| **Employee Involvement** | **51.0% / 33.0%** | **56.7% / 40.0%** | **48.6% / 30.0%** |
| Information & Communications | 64.0% / 17.0% | 63.3% / 23.3% | 64.3% / 14.3% |
| Management Competence | 69.0% / 18.0% | 70.0% / 26.6% | 68.6% / 14.3% |
| Organizational Goals | 64.0% / 22.0% | 66.7% / 30.0% | 62.3% / 18.6% |
| Productivity & Service | 86.0% / 7.0% | 80.0% / 13.3% | 88.6% / 4.3% |
| Quality Emphasis | 78.0% / 11.0% | 70.0% / 26.7% | 81.4% / 4.3% |
| **Receptivity to Change** | **55.0% / 25.0%** | 60.0% / 33.3% | **52.9% / 21.4%** |
| Working Conditions | 79.0% / 15.0% | 73.3% / 26.7% | 81.4% / 10.0% |
| Work Group Problem Solving (by managers and supervisors) | 66.0% / 21.0% | 66.7% / 30.0% | 65.7% / 17.1% |
| Work Group Coordination (by team members) | 80.0% / 9.0% | 76.7% / 20.0% | 81.6% / 4.3% |
| OVERALL SCORES | 68.3% / 18.3% | 68.3% / 26.7% | 68.3% / 14.8% |
| MINIMUM STANDARD | >50% Agree <40% Disagree | >50% Agree <40% Disagree | >50% Agree <40% Disagree |
| HIGH PERFORMANCE STD | **>60.0% Agree <30.0% Disagree** | **>60.0% Agree <30.0% Disagree** | **>60.0% Agree <30.0% Disagree** |

**Note:** Scores: First is Strongly Agree + Agree and the second is Strongly Disagree + Disagree
Overall: Great Scores exceed the High Performance Standard
Undecided: Most scores low (at/under 15%) except for Comp & Benefits (28.89%)
Supervisor and Non-Supervisor: Scores are similar
Employee Involvement: Too much top-down decision-making
Receptivity to Change: Too much top-down decision-making

| GRIPES SURVEY | All Employees | Supervisors | Non-Supervisors |
|---|---|---|---|
| Growth-Organizational Help | 3.70 | 3.50 | 3.78 |
| Growth-Training Hours | 4.50 | 5.00 | 5.00 |
| Respect-By Supervisor | 3.70 | 3.60 | 3.71 |
| Respect-By Senior Manager | 3.20 | 3.60 | 3.00 |
| Respect-By Elected Officials | **2.55** | **2.20** | **2.64** |
| Respect-Rewards | **1.84** | **1.70** | **1.90** |
| Information-Job Related | 3.35 | 3.20 | 3.42 |
| Information-Policies & Procedures | **2.70** | **2.80** | 2.71 |
| Potential (Talents Tapped) | 70.0% | 84.0% | 64.6% |
| Empowerment | 3.36 | 4.33 | 2.92 |
| Support-By Department | 3.40 | 4.00 | 3.14 |
| Support-By Management Team | 3.25 | 3.66 | 3.07 |
| Support-By Support Services | 3.06 | **2.80** | 3.18 |
| Support-By Elected Officials | **2.70** | **2.83** | 2.63 |
| OVERALL SCORES | 3.23 | 3.34 | 3.18 |
| MINIMUM STANDARD | **3.00 / 60%** | **3.00 / 60%** | **3.00 / 60%** |
| HIGH PERFORMANCE STD | **4.00 / 70%** | **4.00 / 70%** | **4.00 / 70%** |

**Notes:** Overall: Good Scores are above the Minimum Standard with Potential exceeding the
High Performance Standard
Respect-Officials: Comments indicate low scores point not at FPD Board, but others
Rewards: Annual recognition awards, but not pay changes or bonuses
Information: Policies and Procedures either not complete or communicated well
Support-Officials: See Respect-Officials comment

| RESOURCES SURVEY | All Employees | Supervisors | Non-Supervisors |
|---|---|---|---|
| Staffing | 3.85 | 3.83 | 3.85 |
| Facility | 4.25 | 4.33 | 4.21 |
| Vehicles | 3.73 | 4.10 | 3.53 |
| Tools | 3.68 | 3.83 | 3.61 |
| Gear | 4.05 | 4.00 | 4.07 |
| Office Equipment | 3.80 | 3.50 | 3.92 |
| **Computers** | 3.30 | **2.83** | 3.50 |
| Materials | 3.75 | 3.16 | 4.00 |
| Other Resources | 3.41 | 3.00 | 3.63 |
| OVERALL SCORES | 3.76 | 3.63 | 3.82 |
| MINIMUM STANDARD | 3.00 | 3.00 | 3.00 |
| HIGH PERFORMANCE STD | **4.00** | **4.00** | 4.00 |

**Notes:** Overall: Very Good Scores are close to the High Performance Standard
Computers: Some said to be getting age on them
Supervisors: Unusual that Supervisor score is a bit lower than Non-Supervisors

| PERSONNEL PRACTICES SURVEY | All Employees | Supervisors | Non-Supervisors |
|---|---|---|---|
| **Hiring Process** | **2.65** | **2.16** | **2.85** |
| Career Ladders | 3.35 | 3.50 | 3.28 |
| **Training** | **2.65** | **2.50** | **2.71** |
| Grievances | 3.26 | 3.10 | 3.30 |
| **Discipline** | **2.94** | **2.60** | 3.07 |
| **Performance Evaluations** | **2.05** | **1.16** | **2.46** |
| Pay | 3.60 | 3.10 | 3.46 |
| Benefits | 4.00 | 3.83 | 4.07 |
| Labor Relations | 3.77 | 3.80 | 3.76 |
| Morale | 3.00 | **2.83** | 3.07 |
| OVERALL SCORES | 3.10 | **2.86** | 3.20 |
| MINIMUM STANDARD | **3.00** | 3.00 | **3.00** |
| HIGH PERFORMANCE STD | 4.00 | 4.00 | 4.00 |

**Notes:** Overall: Good Scores are above (except Supervisors) the Minimum Standard

Hiring Process: Lower due to hiring from within, favoritism, never same process twice, no consideration of skills needed for next job (no standards)

Training: Concern about limitations on opportunities for outside seminars

Discipline: Connected to lack of performance evaluations

Performance Evaluations: No performance evaluation system or application of system

## 4.) Teton County Sheriff's Office

| VALUES SURVEY | Yes | No |
|---|---|---|
| Documented in writing | 3 | 4 |
| Given to all employees or posted | 3 | 4 |
| Created with employee input | 2 | 5 |
| Related to agency-wide values | 4 | 3 |
| Lived each day even if informal | 6 | 1 |
| Key Values Listed in Survey (mentioned in more than ½ of the employee surveys) | Respect People<br>Customer Service<br>Professionalism<br>20+ different values listed | |
| MERCER STANDARD | Yes = at least two times No | Does not meet the standard |

**Notes:** Three surveys did not answer the Values Survey

| ORG CLIMATE SURVEY | All Employees | Dispatch | Patrol/Detectives |
|---|---|---|---|
| Career Opportunities | 67.27% / 23.64% | 93.33% / 6.67% | 57.50% / 30.00% |
| Compensation & Benefits | **38.18% / 32.73%** | **46.67% / 13.33%** | **35.00% / 40.00%** |
| Employee Involvement | 67.27% / 16.36% | 80.00% / 12.33% | 62.50% / 17.50% |
| Information & Communications | 80.00% / 9.09% | 93.33% / 0.00% | 75.00% / 17.50% |
| Management Competence | 81.82% / 9.09% | 93.33% / 0.00% | 77.50% / 12.50% |
| Organizational Goals | 78.18% / 7.27% | 93.33% / 0.00% | 72.50% / 10.00% |
| Productivity & Service | 83.64% / 9.09% | 86.67% / 6.67% | 82.50% / 10.00% |
| Quality Emphasis | 87.27% / 10.91% | 100.0% / 0.00% | 82.50% / 15.00% |
| Receptivity to Change | 74.55% / 7.27% | 100.0% / 0.00% | 65.00% / 10.00% |
| Working Conditions | 65.45% / 16.36% | 73.33% / 13.33% | 62.50% / 17.50% |
| Work Group Problem Solving (by managers and supervisors) | 83.64% / 9.09% | 93.00% / 0.00% | 80.00% / 12.50% |
| Work Group Coordination (by team members) | 81.82% / 9.09% | 93.33% / 0.00% | 77.50% / 12.50% |
| OVERALL SCORES | 74.09% / 12.33% | 87.19% / 4.36% | 63.13% / 17.08% |
| MINIMUM STANDARD | >50% Agree<br><40% Disagree | >50% Agree<br><40% Disagree | >50% Agree<br><40% Disagree |
| HIGH PERFORMANCE STD | **>60.0% Agree**<br>**<30.0% Disagree** | **>60.0% Agree**<br>**<30.0% Disagree** | **>60.0% Agree**<br>**<30.0% Disagree** |

**Note:** Scores: First is Strongly Agree + Agree and the second is Strongly Disagree + Disagree
Employee Type: Too few responses to break out Supervisors (3) & Non-Supervisors (11)
Undecided: Except for Compensation & Benefits (29.09%), all are under 20% Undecided

| GRIPES SURVEY | All Employees | Dispatch | Patrol/Detectives |
|---|---|---|---|
| Growth-Organizational Help | 3.81 | 5.00 | 3.38 |
| Growth-Training Hours | 3.89 | 4.00 | 3.86 |
| Respect-By Supervisor | 4.09 | 5.00 | 3.75 |
| Respect-By Senior Manager | 3.73 | 5.00 | 3.25 |
| Respect-By Elected Officials | 2.82 | 2.67 | 2.88 |
| Respect-Rewards | **2.27** | 2.67 | **2.13** |
| Information-Job Related | 3.55 | 3.67 | 3.50 |
| Information-Policies/Procedures | 3.09 | 3.67 | 2.88 |
| Potential (Talents Tapped) | 80% | 80% | 80% |
| Empowerment | 3.28 | 4.33 | 2.88 |
| Support-By Department | 3.91 | 4.67 | 3.63 |
| Support-By Management Team | 4.00 | 5.00 | 3.63 |
| Support-By Support Services | 3.09 | 3.67 | 2.88 |
| Support-By Officials | 2.64 | 2.67 | 2.63 |
| OVERALL SCORES | 3.40 / 80% | 4.00 | 2.93 |
| MINIMUM STANDARD | **3.00 / 60%** | 3.00 / 60% | **3.00 / 60%** |
| HIGH PERFORMANCE STD | 4.00 / 70% | **4.00 / 70%** | 4.00 / 70% |

**Notes:** Employee Type: Too few responses to break out Supervisors (3) & Non-supervisors (8)
      Rewards: Resources shows benefits, particularly cost of health insurance, is the issue

| RESOURCES SURVEY | All Employees | Dispatch | Patrol/Detectives |
|---|---|---|---|
| Staffing | 2.36 | **1.33** | 2.75 |
| Facility | **1.64** | **1.33** | **1.75** |
| Vehicles | 2.56 | 3.00 | 2.42 |
| Tools | **2.33** | 4.00 | **2.13** |
| Gear | 2.88 | 4.00 | 2.71 |
| Office Equipment | 2.70 | 3.00 | 2.63 |
| Computers | 3.67 | 4.00 | 3.57 |
| Materials | 3.38 | 3.33 | 3.40 |
| Other Resources | 3.60 | 4.00 | 3.50 |
| OVERALL SCORES | 2.79 | 3.11 | 2.76 |
| MINIMUM STANDARD | **3.00** | **3.00** | **3.00** |
| HIGH PERFORMANCE STD | 4.00 | 4.00 | 4.00 |

**Notes:** Employee Type: Too few responses to break out Supervisors (3) & Non-supervisors (8)
      Staffing: Dispatch concern ameliorated by recent hiring of Dispatch Supervisor
      Facility: New Law Enforcement Center can't come soon enough

| PERSONNEL PRACTICES SURVEY | All Employees | Dispatch | Patrol/Detectives |
| --- | --- | --- | --- |
| Hiring Process | 3.78 | 4.00 | 3.71 |
| Career Ladders | 3.20 | 3.50 | 3.13 |
| Training | **2.36** | 3.00 | **2.13** |
| Grievances | 3.40 | 4.00 | 3.25 |
| Discipline | 3.40 | 4.00 | 3.25 |
| Performance Evaluations | 3.20 | 4.00 | 3.00 |
| Pay | 2.80 | 2.50 | 2.88 |
| Benefits | 2.33 | 4.00 | **2.13** |
| Labor Relations | **2.33** | xxx | **2.33** |
| Morale | 3.64 | 3.67 | 3.63 |
| OVERALL SCORES | 3.04 | 3.63 | 2.94 |
| MINIMUM STANDARD | **3.00** | 3.00 | **3.00** |
| HIGH PERFORMANCE STD | 4.00 | **4.00** | 4.00 |

**Notes:** Employee Type: Too few responses to break out Supervisors (3) & Non-supervisors (11)
    Training: Primary concern is funding limits for seminars
    Benefits: Primary concern is the employee share of health insurance premium

# E. EMERGING ISSUES

Key findings, issues, challenges, and opportunities emerging from our review of the current situation (interviews, surveys, document reviews, and site visits) are identified below with analysis and recommendations later in the report.

## 1.) General Issues Impacting All Agencies

### Governance

➤ Impact of three boards (two elected) and several elected officials on Emergency Services planning, service delivery, and performance measurement
➤ Citizen commitment to emergency services (the volunteers or full-time question)

### Service Delivery Structure

➤ Reformulation of the MOU with Teton County, Wyoming, is in process
➤ Effectiveness of coordination and collaboration among emergency service agencies
➤ Service delivery for Ambulance/EMS and Fire are unique among counties in the country
➤ Dispatch protocols and system, particularly FATPOT connection, CAD, GPS, and GIS (solutions in process)

### Functional Business Planning

➤ Planning processes are mostly informal with current services and service levels driven by the demands of the boom and now by the implications of the bust
➤ Planning for future growth in the Victor and Driggs areas

### Management, Organization, and Staffing

➤ Management skills are high and improving in all agencies, while management practices (policies and procedures for example) are evolving
➤ Incomplete, but evolving, written operations guidelines for interagency cooperation
➤ Need service levels and performance standards and performance reporting system

### Operations Management

➤ Need for a second ambulance in Victor (and a backup or second ambulance generally)
➤ Roles of Fire and Hospital EMS during calls
➤ Dispatch protocols and radio coverage for fire and ambulance crews
➤ Need to improve radio system coverage (repeaters)

### Resource Management

➤ Fire has more resources (finances, staff, equipment, facility) and fewer limitations on investment/budget than the Ambulance District and the Sheriff.
➤ Fire and EMS training, equipment management, and policies and procedures

## 2.) *Teton County Fire Protection District*

### Governance

> ➢ Board-management relationship seems to be very good

### Service Delivery Structure

> ➢ Growth in services and staffing compared to lessons from the Comparative Analysis
> ➢ Need for Fire-based EMS and transfers (see a separate report chapter)

### Functional Business Planning

> ➢ Strategic direction (mission, vision, values, and performance measures)
> ➢ No multiple year budgeting or financial projections (need to confirm)

### Management, Organization, and Staffing

> ➢ Need for a Fire Division Chief for Training and EMS (had one in the past)
> ➢ Adequacy of staffing (had a helper in the past) and certifications in Maintenance
> ➢ Improved public relations and communications
> ➢ Need for consistent employee performance evaluations
> ➢ Need to adopt consistent hiring/promotional processes
> ➢ Need job descriptions for personnel
> ➢ Hire employee turnover is concern
> ➢ Need to add additional "volunteer"/part-time positions
> ➢ Improve data collection to include response time analysis and ALS/BLS incidents

### Operations Management

> ➢ State of policies and procedures (Operations Manual)
> ➢ Need to determine service levels/needs – HM, Tech Rescue/SR, EMS, fire, arson, ARF
> ➢ Based on service levels, determine current/future needs
> ➢ Need to improve monitoring of wells and ponds

### Resource Management

> ➢ Financial management capabilities (no dedicated staff)
> ➢ Stations meet operational requirements
> ➢ Need for a public safety training center
> ➢ Implement the Impact Fees based on the recent study
> ➢ GIS system is maturing, but not fully functional
> ➢ No apparatus replacement plan

## 3.) Teton Valley Health Care EMS

### Governance

> Impact of the transition to a new governance structure on Hospital EMS

### Service Delivery Structure

> Effect of competition from Fire District for ambulance contract

### Functional Business Planning

> Definition of EMS' strategic direction (mission, vision, values, performance measures)
> Need to determine the effects of the Federal Affordable Care Act on EMS

### Management, Organization, and Staffing

> Should the EMS Supervisor report to the CEO?
> Strategies to reduce uncollectables for ambulance service
> Need to start tracking Advance Life Support (ALS) and Basic Life Support (BLS) responses – including response time tracking
> No multiple year budgeting or financial projections (need to confirm)

### Operations Management

> Value added services by the Ambulance Crews working in the Emergency Room

### Resource Management

> Retention and recruitment of medical staff

## *4.) Teton County Sheriff's Office*

### Governance

➤ Sheriff's relationship with the Teton County Board of Commissioners
➤ Sheriff's relationship with the Prosecutor

### Service Delivery Structure

➤ Role in providing services in nearby areas of Wyoming (update MOU?)
➤ Connection of SAR to the Sheriff's Office

### Functional Business Planning

➤ Revisit mission and values and develop formal goals and objectives
➤ Enhance reporting from the Dispatch System of agency calls and ALS/BLS calls

### Management, Organization, and Staffing

➤ Deputy role as investigators in support of Investigator positions
➤ Deputy staffing levels to permit two on duty per shift
➤ Consider use of reserve officers to leverage full-time deputies

### Operations Management

➤ Effectiveness of investigations (per the Prosecutor)
➤ Update Dispatch Center protocols and practices
➤ Effectiveness of existing Dispatch Center Users Group

### Resource Management

➤ Radio system effectiveness across the County
➤ Dispatcher pay level

# VI. EMERGENCY SERVICES ASSESSMENT

This chapter of the report provides an assessment of the management and operations of Emergency Services providers in Teton County using Mercer's *50 Management Issues for Organizational Improvement* as the foundation for the assessment.

## A. METHODOLOGY

### *1.) Approach to the Assessment*

The **Request for Proposal asked the consultant to** develop organizational recommendations based on the Comparative Analysis (and supplemental fact finding) in order to **determine the most efficient method of achieving service levels when running in a steady state.**

The **scope of work envisioned in the study** includes the levels of service, organizational structure, and estimated costs for the following emergency services in the County:

> ➤ Police (the Sheriff's Office),
> ➤ Fire, rescue, and hazmat (the Fire Protection District),
> ➤ Dispatch of all emergency services (the Sheriff's Office),
> ➤ Ambulance/EMS (Teton Valley Health Care by contract to the Ambulance Service District in association with the Fire Protection District as first responder), and
> ➤ Inter-facility transfers (Teton Valley Health Care).

Although current practice has been to consider and manage the individual agencies providing emergency services to Teton County residents, **the agencies and County citizens desire to take a holistic approach to the problem of how best to provide emergency services in and around Teton County.** Each major entity involved in providing emergency services to the County is participating in this study and all parties have a common desire to determine how to define and most effectively provide the right level of emergency services to the citizens.

**Recommendations are to be provided in at least three areas:**

1. **Consolidation/separation** of each emergency service under a single or separate management or funding structure(s). (See Section C, Governance, and Section D, Service Delivery Structure, of this chapter and Chapter IV, Ambulance Service Options)

2. **Overall staffing levels** including a staffing plan. (See Section G, Operations Management, of this chapter)

3. **Issues and risks** to the proposed structure. (Inserted throughout Chapters IV, V, and VI)

## 2.) Structure of the Assessment

To accomplish these goals **we applied** *Mercer's 50 Management Issues for Organizational Improvement* to each emergency service agency and the emergency services system holistically, **as well as analyzed information gained from interviews, site visits, general research, and the following surveys, questionnaires, and analyses**:

- ➢ Organizational Climate Survey (OCS)
- ➢ Values Survey
- ➢ GRIPES Survey
- ➢ Resources Survey
- ➢ Personnel Practices Survey
- ➢ Management Philosophy Profile
- ➢ Organizational/Operational Questionnaire
- ➢ Comparative Analysis

Using our *50 Management Issues*, along with the Comparative Analysis, as guides, **our Findings and Recommendations that follow are grouped by the six major categories** within the *50 Management Issues*, preceded by an Overall Assessment of Emergency Services:

- ➢ Governance,
- ➢ Service Delivery Structure,
- ➢ Strategic and Functional Business Planning,
- ➢ Management Practices,
- ➢ Operations Management, and
- ➢ Resource Management.

The specific issues for each category are listed at the beginning of the report section for each of the six categories (Sections C thru H of this chapter that follow).

# 3.) Major Organizational Issues to Review

From the Emerging Issues list at the end of Chapter V, Emergency Services in Teton County, Mercer reviewed the following **major topics in the Emergency Services Assessment**, both for individual agencies and for the emergency services system as a whole.

> **Governance:**

- Coordination and Collaboration among boards and elected officials
- Future of the Ambulance District

> **Service Delivery Structure:**

- Agency Consolidation/Collaboration
- Ambulance Service (see Chapter V, Ambulance Service Options)
- Dispatch Oversight
- Driver's Licenses
- Relationship with Teton County, Wyoming

> **Strategic and Functional Business Planning:**

- Planning Process for Emergency Services Agencies
- Citizen Input and Expectations
- Mission and Values Statements
- Goals, Objectives, and Performance Measures

> **Management Practices:**

- Emergency Services management
- Operational Policies, Protocols, and Procedures

> **Operations Management:**

- Agency Staffing Plans
- Agency Schedules
- Operational Reviews and Analysis
- Inter-facility Transfers (see Chapter V, Ambulance Service Options)

> **Resource Management:**

- Budgeting and Financial Management
- Human Resource Management
- Information Technology
- Asset Management

# B. OVERALL ASSESSMENT

This section of the report summarizes our overall assessment of emergency services and associated agencies in Teton County, with detailed assessments of six major functions (Governance, Service Delivery Structure, Planning, Management Practices, Operations Management, and Resource Management) to follow.

## *1.) Emergency Services Generally*

**The Mercer Group team was impressed by emergency services agencies in Teton County. Although we make recommendations for change, the citizens of the County, board members, and staff should consider them, with a few important exceptions, fine-tuning of a system that works well at present for citizens and patients.**

**Major exceptions are:**

> **Planning:** Lack of a holistic, emergency services-wide planning and operational coordination process with associated strategies, goals, objectives, and performance standards to make emergency services a cohesive system across agencies.

> **Competition:** Mid-contract competition by Fire and Hospital EMS for the ambulance contract, including the 2nd ambulance proposal for Victor, has created tensions at the board and staff levels. Note, however, that the Fire Chief shared Fire's plan for a partnership with TVHC, as well Fire's proposal to run the ambulances. We reviewed these proposals in Chapter IV, Ambulance Service Options.

> **Comparative Issues:** The Comparative Analysis shows that financial resources available to the Fire District for the most part are higher than the sample average while Sheriff's resources and personnel are lower than the sample average.

> **Operations:** Some limitations are evident in Fire and Hospital EMS cooperation and collaboration on operational matters (e.g., Fire's recent decision not to drive ambulances if two care providers are required in the back of the ambulance, as well as paramedic handoffs).

> **Protocols and Training:** Emergency services agencies are working on, but have not yet completed, updated policies, protocols, and procedures that would result in a consistent and cohesive approach to service delivery across agencies. Although some joint training is conducted, a higher level may be needed to ensure highly efficient work across agencies. Even with updated protocols and more training, a commitment to working effectively together is needed to live out a high level of inter-agency collaboration.

> **Vehicle Maintenance:** Maintenance services for Fire, Ambulance, Sheriff, and other County agencies are the responsibility of Fire's Maintenance Chief, who is not a certified mechanic. This practice raises a potential liability issue if a County vehicle, Fire vehicle or apparatus, or Ambulance is involved in an accident.

**Mercer's overall assessment of Emergency Services results in these key findings:**

- ➤ **Planning:** Emergency service providers in Teton County plan, manage, and operate relatively independently of each other in a Silo-like fashion perhaps and most importantly because of two elected, governing boards (County/Ambulance District and Fire Protection District); the non-profit Hospital board; and two elected officials (Sheriff and Prosecutor).

- ➤ **Services:** The level and quality of emergency services grew significantly over the past ten years with transition to 24/7/365 coverage by career, full-time firefighters, paramedics, and emergency medical technicians in Fire and Hospital EMS.

- ➤ **Calls for Service:** Population growth and demographic changes may change future call volumes in emergency services. Call volumes need to be monitored in the future to adjust services to demand and community needs.

- ➤ **Leadership:** Leadership, management, and services across the agencies are strong and improving in several areas that needed attention in the past (e.g., Victor station staffing, dispatch, and investigations).

- ➤ **Collaboration:** Interagency collaboration and cooperation needs to improve, starting with resolution of who should run the ambulances. With some minor exceptions noted above, cooperation on specific incidents/runs is excellent.

- ➤ **Staffing:** Staffing levels in some agencies have improved significantly with the creation of the Ambulance and Fire Districts. With a few possible exceptions (reserves, training), staffing in Fire and Ambulance are adequate for present responsibilities. But, the Sheriff's Office has lost some positions (then regained some) due to the post-recession budget crunch in the County's General Fund. Staffing levels are lower in Patrol compared to communities in the Comparative Analysis.

- ➤ **Budget and Finance:** The Ambulance (although at its maximum levy) and Fire District (with levy room) appear to have adequate financial resources due to dedicated millage and revenue streams. The County, on the other hand, has struggled financially due to local impacts of the national recession (as noted in other parts of the report related to the Sheriff's budget and staff).

- ➤ **Human Resource Management:** Personnel in the Sheriff's Office (as part of the County), Fire & Rescue (as part of the Fire District), and the Ambulance Service (as part of the hospital) are managed under three different human resources systems. HR policies (e.g., compensation, hiring and promotion, discipline, and performance evaluations) are unique to each agency, with Fire having a unionized workforce.

- ➤ **Technology:** Technology is improving, but not yet optimal. The County lacks a formal Information Technology Plan, and we expect the same is true with Fire and perhaps Hospital EMS. Certainly, there is no emergency services-wide IT Plan in place.

- ➤ **Physical Assets:** Facilities and equipment are adequate in number and condition, but the agencies use the budget process rather than a formal equipment replacement plan to keep their fleets up to industry standards.

## 2.) *Fire Protection District*

**Major Fire and Rescue findings are:**

> **Board Relations:** The Fire Protection District Board and Fire management have a positive working relationship. The Board and the management team, however, do not have as strong a relationship with partners and customers, such as the Ambulance District, Hospital, and the three cities.

> **Leadership:** Fire management, including shift and functional supervisors, is strong, but some persons say the lack of a Training Chief is a weakness. The Training Chief position was funded in the past, but later eliminated. The training coordination role is now allocated among two shift/station Captains, one for EMS and the other for Fire/Rescue, who appear to be doing a good job.

> **Planning:** A full-scope strategic plan based on the Mercer Model is lacking, particularly related to strategic direction (goals and objectives) and performance measures.

> **Fire Marshal:** Fire and Arson investigations, fire inspections, and public education are the responsibility of the Division Chief-Prevention, who acts as the Fire Marshal. There is no charge for inspection of public or private facilities. The Sheriff's Office supports arson investigations to a degree, with the Fire Marshal assigned primary responsibility. The Arson Task Force is said to be "at a standstill." Arson investigations are rare, but perhaps increasing in a bad economy.

> **Resources:** Firefighting and First Responder resources are excellent, including the skills and experience of personnel and the number and quality of stations and equipment. The Fire District provides services to the airport using a crash truck housed onsite.

> **Reserves:** The number of fire reserves (now 6) has declined due to the hiring of reserves into full-time, shift positions in Driggs or Victor. We understand the Fire Chief plans to rebuild the number of reserves (to about 20) over time, which Mercer thinks is important.

> **Operations:** Fire should compare its operations to National Fire Protection Association's (NFPA) 1500 safety standards that offer a framework for both safety and operational considerations in order to determine compliance with OSHA-type requirements and provide a plan for compliance.

> **Mutual Aid:** The Fire District has mutual aid agreements with the US Forest Service, Jackson/Teton County, Madison County, and Swan Valley, but the distance to/from (30+ miles) these communities is a hindrance in helping or getting help.

> **Ambulance Service:** We understand the Fire District submitted a bid on ambulance service in 2008 then withdrew it because of a lack of paramedics (said to be an RFB requirement in some interviews, but not specifically listed in the RFB) and other factors. Since then Fire has hired enough paramedics to provide one position per shift at each station. Now positioned to meet the paramedic "requirement," Fire has issued a mid-contract proposal to run two ambulances, one in Driggs and one in Victor.

# *3.) Ambulance Services by TVHC*

**Major Hospital EMS findings are:**

➢ **Ambulance District:** Creation of the Ambulance District provides adequate revenues at present to operate front-line and reserve ambulances at the paramedic level, as well as operate inter-facility transfers. But, the ASD is at its millage limit.

➢ **Board Relations:** The Hospital Board, hospital management, and the EMS Director have a positive working relationship. The working relationship with the Sheriff's Office is positive, but the relationship with Fire is strained due to Fire's proposal to run the ambulances.

➢ **Leadership:** Management, including the EMS Director and hospital managers supporting the ambulance service, is strong.

➢ **Hospital Benefits:** The EMS staff (Paramedics and EMT's) makes a significant contribution to the hospital on the order of $150,000 per year according to the CEO. But, some hospital-support costs to the ambulances may not be reflected in the ambulance budget potentially reducing the net level of benefit to the hospital from $150,000.

➢ **EMS Benefits:** In turn, the hospital makes a significant contribution to Paramedic and EMT competency through extensive patient contacts in the emergency room, clinics, and patient floors that multiply by four EMS patient contacts on ambulance runs.

➢ **Values:** Paramedics, EMT's, and nurses model the values in the hospital's mission statement (compassion, integrity, and respect). The nursing staff modeled this by seeking out Mercer consultants to participate in the study to explain the value of the EMS staff to the medical staff.

➢ **Physical Assets:** Equipment, tools, and materials are excellent and adequate to cover calls for service and emergency care.

## *4.) Sheriff's Office*

**Major findings for the Sheriff's Office are:**

➤ **Board Relationship:** The Sheriff's relationship with the County Board needs to improve, particularly related to budget and staffing needs. Note that Mercer understands that fiscal stress may mean budget cuts that affect muscle and not just fat.

➤ **Prosecutor Relationship:** The Sheriff's relationship with the Prosecutor suffered during the election season, but seemed to have improved with the hiring of a new Chief Deputy. But, a recent news article in the local paper indicates there are still issues to be resolved in the relationship centering on investigative procedures.

➤ **Leadership:** The Sheriff's Office management team is strong and improving with the recent hiring of a new Chief Deputy and Senior Dispatcher.

➤ **Dispatch:** The newly hired Senior Dispatcher is working on issues cited by others during interviews and in surveys and questionnaires (protocols, dispatcher training and performance, and technology).

➤ **Calls for Service:** Sheriff's calls are consistent with the comparable communities and crimes rates appear within community expectations. Population growth and changing demographics (including revived development) may change future call volumes. Therefore, call volumes need to be monitored over time and performance measures developed to adjust services and resources in the future.

➤ **Investigations:** Hiring of the new Chief Deputy freed up a position to work as an Investigations Sergeant. The grant investigator has funding through 2013. The County board appears to expect two dedicated investigators in the Sheriff's Office.

➤ **Patrol:** Deputy staffing seems lower than other communities in our comparative analysis and compared to Mercer's experience in other community during Management Studies of Police and Sheriff's operations. Per interviews, Officer safety in situations where only one officer is on duty is a concern of many Sheriff's Office sworn and civilian employees.

The Patrol schedule may change from 12-hour shifts to 10-hour shifts as the number of available sworn Patrol Deputies increases. Both shifts are commonly used in law enforcement.

➤ **Physical Assets:** Offices in the old courthouse are substandard, but a new Law Enforcement Center is coming in the next year or two. The Sheriff's Office has adequate vehicles, but some are aging, with expectations of replacements in the FY 2014 budget.

# C. GOVERNANCE

**Governance issues** within Mercer's *50 Management Issues* include:

> ➢ Legal structure/form of government
> ➢ Role of governing and advisory boards and committees
> ➢ Staff support to these boards and committees
> ➢ Policy making and decision making processes
> ➢ Identification of and compliance with legal, regulatory, and policy requirements

## *1.) Board/Elected Officials Working Relationships*

**Finding:** Coordination and collaboration among the various boards and elected officials in providing emergency services is limited, which results in a Silo-like system. Mercer will talk about this fragmentation more under Planning, Management Practices, and Operations Management that follows. However, staff on the front lines (Firefighters, Paramedics, EMT's, and Deputies) in most, but not all, respects pull together to deliver excellent citizen and patient care.

**Recommendation:** Create a cross-agency emergency services planning and coordinating body (perhaps called the **Teton County Emergency Services Council**) that could be modeled on the city-county "Group of Ten" in Teton County, Wyoming, or more likely on the Teton County Local Emergency Planning Committee (LEPC) for emergency planning and preparedness. For Teton County emergency services, the body could include a member of the County, Fire, and Hospital boards, plus the Sheriff and one citizen member. A separate **Operations Committee** of agency heads is recommended in F. Management Practices.

Charge this body with the following responsibilities:

> ➢ Develop a functional business plan for emergency services using the Mercer Strategic Planning Model (see **Exhibit 1** that follows in a few pages). The Environmental Scan, Mission and Values, and Strategies are mostly completed by the Mercer study.
> ➢ Meet monthly or quarterly to plan and coordinate emergency service operations and address collaboration issues and challenges.
> ➢ Report and explain emergency service issues and needs to elected boards and officials.
> ➢ Define service level standards and develop monthly performance reports.
> ➢ Expand inter-agency collaboration and cooperation, particularly in planning, operational protocols, and reports.
> ➢ Develop and implement Unified Command Procedures for high-profile or high-risk events requiring inter-agency cooperation. As required under NIMS standards, these procedures should be written, communicated, and executed across agencies.
> ➢ Conduct critical incident debriefings to assess the need for future operational improvements.
> ➢ Implement recommendations in Chapter IV, Ambulance Service Options.
> ➢ Assess and implement technology applications that cross agency lines.

## *2.) Future of the Ambulance District*

**Findings:** The Ambulance District was created in 2003 to improve the level of ambulance service in the county by professionalizing the ambulance service in order to provide enhanced coverage and service levels. The District has taxing authority up to 4 mills and is now levying 4 mills.

Through a bid process, the District chose to contract out ambulance operations and in mid-2008 selected Teton Valley Health Care as its first operator with services starting on October 1, 2008. We understand the Fire District bid on the ambulance service then withdrew their bid because they lacked Paramedics and for other reasons. In mid-contract, the Fire District issued several unsolicited proposal to run the ambulances, which is a major reason for the Mercer study.

Although TVHC is the ambulance service operator, the District owns the ambulances and the County owns the hospital facility where the ambulances are based.

Some persons interviewed suggested the Ambulance District be dissolved with the ambulance service shifting to the Fire Protection District, another taxing authority that appears to have millage cap room to raise the revenues needed to run the ambulances and inter-facility transfers.

**Recommendations:** As former city manager, budget and finance officers, and fire chief and current city council member, Mercer's project team is hesitant to abolish the Ambulance District, or any taxing authority, for several reasons:

> ➢ Serving as the Ambulance District Board, the County board (through oversight of the Sheriff's Office, ownership of the hospital, and provision of people-related services) provides a broader perspective on emergency and health services than the Fire Protection District.

> ➢ Once a community gives up taxing authority, it's unlikely to come back through voter approval no matter how strong the need.

> ➢ As expressed in other parts of the report, Mercer believes collaboration and not competition is the best answer for ambulance service in Teton County. See Chapter IV, Ambulance Service Options for a full explanation of our position.

We, therefore, recommend the County continue the Ambulance District as a taxing authority with responsibility for ambulance services in Teton County.

# D. SERVICE DELIVERY STRUCTURE

**Service Delivery Structure issues** within Mercer's *50 Management Issues* include:

> - Organizational location of services both in and outside of government agencies
> - Interdepartmental cooperation among government departments and agencies
> - Intergovernmental cooperation across the region
> - Use of alternative service delivery opportunities, such as inter-local agreements, contracts, and privatization
> - Comparison with industry best practices, benchmark communities, and Mercer's national experience

## *1.) Agency Consolidation/Collaboration*

**Findings:** The RFP asked the consultant to assess the feasibility of consolidation/separation of each emergency service under a single or separate management or funding structure(s). We reviewed two possible consolidation options, which are closely related:

> - **Dissolve the Ambulance District:** We discussed this option in the prior section and recommended continuation of the Ambulance District for holistic vision and taxing reasons.
>
> - **Merge Fire and Ambulance Services:** Fire could be assigned the responsibility for ambulance services as that is a common practice in other communities. A separate ambulance service also is a common practice. The Comparative Analysis shows a hodge-podge of organizational structures for Fire and EMS services that includes consolidated Fire and EMS agencies, Fire-only agencies (volunteer and career), and Ambulance-only agencies. **Mercer found no model in the comparative analysis that drives a recommendation for a consolidated Fire-EMS agency or for separate Fire and EMS agencies in Teton County.**
>
>   The value of the hospital to the community and to Paramedics and EMT's by being hospital-based is a strong factor in any decision on the structure of Fire and Ambulance services. Mercer's interviews and focus groups clearly identified the importance and long-term viability of the hospital as key concerns in Teton County.

**Recommendations: Mercer is strongly convinced that partnership/collaboration, not consolidation or competition, is the future of emergency medical services in Teton County,** therefore, we recommendation Teton County continue the Ambulance District and all agencies create a cross-agency coordinating body. In their own ways, the Ambulance District (through its contract with TVHC), the Fire Protection District, and the Sheriff's Office have significant competencies that would be better maintained and enhanced by partnership/collaboration than consolidation or competition. And, as a state-mandated elected official, the Sheriff is the stand-alone law enforcement agency in the county.

## 2.) *Ambulance Services*

The operation of ambulance services is covered in Chapter IV, Ambulance Service Options.

## 3.) *Dispatch Center Oversight*

**Finding:** The County currently has a Dispatch Coordinating Committee (perhaps the name is slightly different and it may be focused more on the radio system than dispatch generally) that includes the Sheriff's Office (the service provider), Fire, and Hospital EMS. If not in place, we would recommend creating this committee as we have on other law enforcement studies. So, a communication process is in place to discuss and review the performance of the Dispatch Center and its technologies.

**Recommendation:** Continue this group with a charge to work on at least the following issues:

➤ Review and make recommendations for dispatch operations, then track and report performance over time
➤ Conduct formal cross-agency, post-operation debriefings on every major incident or call, particularly if something was amiss
➤ Resolve technology issues, such as radio black spots, FATPOT, and the like
➤ Prepare a long-term, emergency services technology plan that identifies future technology enhancements for hardware and software

## 4.) *Driver's License*

**Finding:** By state law, the Driver's License operation is a part of the Sheriff's Office. Other similar functions, like license plates, are assigned to the County Assessor and other county offices. These functions are operationally similar in that they are performed by administrative, not sworn law enforcement staff, and are driven by state law.

**Recommendation:** Consider, with the Sheriff's and the Assessor's approval, co-locating the Driver's License operation with similar administrative functions, perhaps at the County Courthouse to provide backup staff and to expand days and hours of service. We are NOT implying that the County Assessor or some other officer of the County direct Driver's License services as that clearly is the responsibility of the Sheriff!

## 5.) Relationship with Teton County, Wyoming

**Finding:** The current relationship with Teton County, Wyoming, is mixed. Ambulance and Dispatch services operate under Memoranda of Understanding (MOU) that permits units from Teton County, Idaho, to work in or for Teton County, Wyoming, for a fee.

**The County's Dispatch Services contract of January 1, 2012:**

> ➤ Covers 911 services to Teton County, Wyoming, lands on the West side of the Tetons.
> ➤ Sets a fee based on dispatch costs (after E911 surcharge revenues are deducted) prorated on the number of 911 calls in Wyoming and Idaho.
> ➤ Defines allowable dispatch expenses to include payroll, supplies, equipment maintenance, and consumable supplies, but not fixed asset purchases or depreciation.
> ➤ Continues for two years unless one party or the other terminates it.

**The ASD's Ambulance Services contract of January 1, 2012:**

> ➤ Covers ambulance services to Teton County, Wyoming, lands on the West side of the Tetons.
> ➤ Holds Teton County, Wyoming, harmless for all liabilities, causes of action and damage, malpractice, and the like.
> ➤ Sets a fee based on pro-rating the District's net annual operating expenses (after offsetting ambulance revenues) according to the percentage of runs in Wyoming.
> ➤ Defines allowable ambulance expenses to include payroll, fuel, supplies, equipment, and consumable supplies, but not fixed asset purchases or depreciation.
> ➤ Continues for two years unless one party or the other terminates it.

The Chief Deputy in the Sheriff's Office is working with Teton County, Wyoming, on a General **Mutual Aid Agreement between the two Sheriffs.** The two Sheriffs developed a MOU effective July 1, 2009, but it lapsed or was discontinued due to the repercussions of an incident near Grand Targhee Ski Area. We understand from the Teton County, Wyoming, Administrator that the eight or so Sheriff's deputies living in the Driggs area can provide enough coverage to meet Wyoming citizen needs. Creation of a new agreement appears unlikely unless liability issues can be worked out.

The **Teton County Fire Protection District** does not have an MOU with Teton County, Wyoming.

**Recommendation:** Complete MOU's or mutual aid agreements with Teton County, Wyoming, Sheriff and Fire, ensuring they are fair and balanced...meaning Teton County, Idaho, does not incur unreasonable expenses to serve Wyoming residents without compensation in the form of equivalent mutual aid responses or financial compensation.

Most fees in the public sector are calculated based on a Full Cost of Service Method that includes the expenses identified above, plus supervision, fringe benefits, and equipment and facility use or depreciation. We suggest the County seek these expenses be defined as allowable in the next contract negotiation.

# E. STRATEGIC/FUNCTIONAL BUSINESS PLANNING

**Strategic and Functional Business Planning** issues within Mercer's *50 Management Issues* include:

> - Strategic planning process compared to the Mercer Model
> - Alignment of vision, mission, strategies, long-term goals, and short-term objectives (as they impact services levels, organization, and staffing)
> - Capital projects planning process, documents, and oversight
> - Financial planning and budgeting processes, documents, and oversight
> - Operational planning processes, documents, and oversight

## *1.) Strategic and Functional Business Planning Process*

**Findings:** Teton County, including the Sheriff's Office, and the Fire Protection District lack a formal strategic (organization-wide) and functional business (agency/department-specific) planning process similar to the *Mercer Local Government Strategic Planning Model* (see **Exhibit 3** that follows).

Teton Valley Health Care is starting a formal strategic planning process called *Hospital Focus 2015*.

Elements of the Mercer Model, however, are in place, including mission statements, some goals and objectives, and some performance expectations (e.g., response times). Mercer's Emergency Services study provides key input into the strategic and functional business planning process for emergency services agencies, including:

> - Environmental Scan (Identified expectations of stakeholders, conducted a SWOT Analysis, reviewed Values, and identified environmental factors).
>
> - Missions (Reviewed current missions and commented).
>
> - Strategies (Developed overall strategies for emergency services agencies).
>
> - Internal Assessment (defined the present and future desired states and identified gaps in service compared to future expectations).

**Recommendations:** The County Board of Commissioners and the Teton County Fire Protection District should implement a strategic and functional business planning process based on the Mercer Model. We assume the hospital will use a strategic planning model that is equivalent to the Mercer Model. If not, we suggest the hospital add Mercer elements to its model.

# Exhibit 3

## THE MERCER GROUP
### Local Government Strategic Planning Model
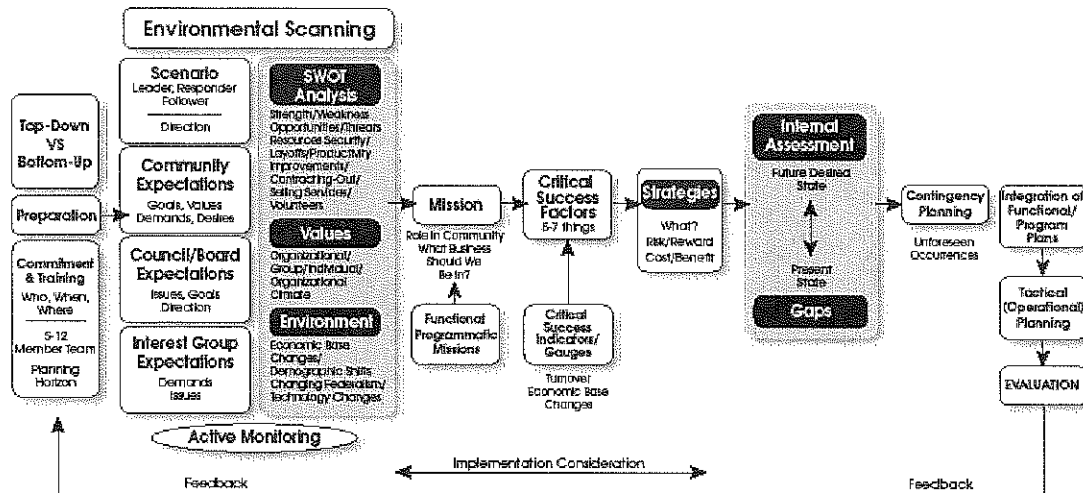


SOURCE: Strategic Planning for Public Managers by James L. Mercer (Quorum Books, 1991)

## 2.) Citizen Input and Expectations

**Findings:** The recently completed (August 2012) *Comprehensive Plan – A Vision and Framework 2012-2030* provides **a vision for Teton County**:

> *Our Community Envisions a Sustainable Future for Teton County.*
> *We will strive to:*
> *1.) Establish a vibrant, diverse, and stable economy.*
> *2.) Create and maintain a well-connected, multi-modal network of transportation*
> *infrastructure to provide convenient and safe mobility for all residents, visitors,*
> *and businesses.*
> *3.) Preserve natural resources and a healthy environment, which are essential for*
> *creating viable future economic and recreational opportunities for all users.*
> *4.) Contribute to our strong sense of community by providing quality facilities,*
> *services, and activities to benefit the community.*
> *5.) Maintain, nurture, and enhance the rural character and heritage of Teton*
> *Valley.*

The plan was created with significant citizen input through committees, public meetings, and other opportunities that resulted in over 4,000 "input occurrences."

Note that only **one element of the vision (#4 for Community Events + Facilities) touches on emergency services. Guiding Principles** for this element include:

➢ Provide quality services in a coordinated manner for the health and safety of the community.
➢ Encourage an environment that fosters community involvement.
➢ Encourage location of new facilities in existing population centers to maximize efficiency and convenience.

**Benefits** from these Guiding Principles include:

➢ Bridge cultural differences to create a strong sense of community, the lack of which could translate into philosophical or political differences over services, funding, and expectations (the "Two Minds" idea discussed earlier in the report)
➢ Create an efficient infrastructure system as a foundation for community sustainability.

**Opportunities** from these Guiding Principles include:

➢ Find common ground by identifying shared values and priorities, and acknowledging differences respectfully.
➢ Encourage partnerships and working relationships with non-profit groups (which could translate to partnerships across boards, elected officials, and emergency services agencies)

**Policies** related to various goals include:

> ➤ Identify acceptable Levels of Service (LOS), create LOS plans, and develop standards for measuring service delivery success for Fire/EMS, law enforcement, and other services (Policy 1.6)
> ➤ Find common ground by identifying shared values and priorities (3.1)
> ➤ Support programs and partnerships that reduce costs for the County (e.g., recycling, co-locating facilities, and sharing resources) (4.4)

**Citizen input to decisions related to emergency services** seems somewhat informal and includes informal and formal interaction with board members and the board in official meetings, during budget development, and in development of the Comprehensive Plan. Judging from the low turnout at Mercer Community Meetings, emergency services may not be a hot button with citizens as most of the 30 or so participants seemed happy with existing service levels.

Similarly, citizen expectations are determined somewhat informally through the same methods, as well as through feedback on specific incidents and calls for service.

**<u>Recommendations</u>:** For smaller communities like Teton County, we recommend application of key words found in your Comprehensive Plan as philosophical underpinnings for structuring and operating emergency and other services:

> ➤ Provide quality services in a coordinated manner
> ➤ Encourage community involvement
> ➤ Maximize efficiency and conveniences
> ➤ Bridge cultural differences
> ➤ Community sustainability
> ➤ Find common ground
> ➤ Encourage partnerships and working relationships
> ➤ Identify acceptable levels of service
> ➤ Develop standards for developing service delivery success
> ➤ Identify shared values and priorities
> ➤ Reduce costs

These words support the partnership/collaboration approach to delivering emergency services in Teton County.

Provide citizen input opportunities through the recommended Emergency Services Coordinating Council and the strategic/functional business planning process.

## 3.) Mission and Values Statements

**Findings:** Current mission and values statements for emergency services agencies are:

> **Fire:** *"It is the mission of Teton County Fire & Rescue to preserve and protect life and property by delivering timely and skilled response to emergency situations. We are committed to providing service and education that promote health, safety, and security to the citizens and visitors of Teton Valley. We are prepared to intervene and utilize our training and resources to limit the pain, suffering, and loss of those we serve."*

> **Hospital EMS:** For the <u>Hospital</u>, *"Teton Valley Health Care promotes the health of the community by delivering quality, patient-centered medical services with compassion, integrity, and respect."* <u>EMS</u> piggybacks on the hospital's mission statement.

> **Sheriff:** *"The mission of the Teton County Sheriff's Office is to create a safe place to live, work, and play. We accomplish this through our knowledge, skills, service, and the ability to make a positive difference and a commitment to uphold community trust."*

**Recommendations:** These are well thought out agency-specific mission and values statements, but they lack cohesion across agencies. Hospital EMS should develop a function-specific mission statement and values to support those of the hospital.

## 4.) Goals, Objectives, and Performance Measures

**Findings:** Currently, most goals, objectives, and performance measures across the emergency services agencies relate to resources requirements and financial condition (inputs) or response times and fire rating (outputs, but not outcomes).

From the Comparative Analysis, response times in Teton County seem to mirror those in other communities, with the exception that the Sheriff's Office response time data in smaller communities are hard to come by and compare to.

**Recommendations:** Through the strategic planning process and as recommended in the Comprehensive Plan, develop long-term goals, short-term objectives, and service-specific performance measures. Specifically, develop formal performance indicators for at least the following functions or issues that can be turned into a report and scorecard for decision-makers:

> Citizen satisfaction (thru annual surveys and service evaluations)
> Response times for city and rural calls
> Emergency service patient outcomes
> Cost per capita and per incident/call
> Ambulance service cost recovery rate
> ISO rating (near stations and in the county)
> Fire suppressions, arson investigation, and fire inspection effectiveness
> Investigations clearance rate
> Training hours and subjects
> Equipment condition and functionality (% time in service)

# F. MANAGEMENT PRACTICES

**Management Practices** issues within Mercer's *50 Management Issues* include:

- ➤ Senior management organization structure
- ➤ Internal workings of the management team
- ➤ Management reporting and communications
- ➤ Documentation of policies and procedures
- ➤ Customer and stakeholder relations and communications
- ➤ Organizational culture and values (as they impact organization and staffing)
- ➤ Management philosophy and labor-management relations (as they impact organization and staffing)

## *1.) Emergency Services Management*

**Findings:** As noted earlier, operational management of emergency services is agency-specific, with some exceptions:

- ➤ Dispatch/Radio System Users Group
- ➤ Periodic training exercises (perhaps coordinated by Emergency Management)
- ➤ Periodic debriefings on incidents/calls (most now are Dispatch-Fire)

Other than the above, we did not see a structure of regular communication across the management teams of the three emergency services agencies.

**Recommendations:** To support the Emergency Services Council, the Sheriff (or Chief Deputy as effective COO), the Fire Chief, and EMS Director should meet monthly face-to-face to review operations, protocols, and issues. Other managers and commanders may be called in as needed, as well as the County's Emergency Management Coordinator. A key goal of this operational group is to remove silos and implement a "unified command model."

## *2.) Operational Policies, Protocols, and Procedures*

**Findings:** Fire and Hospital EMS are supervised by the same Medical Director, whose role is to ensure quality medical care is provided. The two agencies, at the direction of the Medical Director, are working to make policies, protocols, and procedures consistent, but have not completed this process.

**Recommendations:** Mercer supports this initiative as a practical way to make medical services consistent and cohesive, particularly in situation where a Fire Paramedic starts treatment, which later is picked up by an EMS paramedic during transport to the hospital. We suggest that the two agencies step specific timelines for delivery of updated protocols and procedures to ensure development does not languish.

# G. OPERATIONS MANAGEMENT

**Operations Management issues** within Mercer's *50 Management Issues* include:

- ➢ Work standards and specifications
- ➢ Work planning and scheduling
- ➢ Unit and crew organization and staffing
- ➢ Job classifications, roles, and duties
- ➢ Adequacy of facilities, equipment, tools, technology, communications, and materials
- ➢ Unit and crew supervision
- ➢ Unit and crew operations, work flow, productivity, and cost-effectiveness
- ➢ Yard, technical support, and administrative support operations
- ➢ Activity and performance reporting and analysis
- ➢ Emergency management plans and processes

## *1.) Agency Staffing Plans*

**Findings:** The RFP asked the consultant to review and make recommendations on overall staffing levels including a staffing plan. We believe the organization structure and/or staffing levels are an issue in the following areas:

- ➢ **Fire Reserve Pool:** As the number of full-time firefighters has increased, the reserve pool shrunk from about 20 (the Chief's goal) to about 6-8 members. Even with two stations with three-person crews, a robust reserve pool is important for shift backup and major events when they occur.

- ➢ **Fire Training Chief:** Fire had a Training Chief in the past, but the position was discontinued and duties assigned to Shift Captains. Several persons interviewed in Fire stressed the importance of the Training Chief.

- ➢ **Sheriff's Dispatch:** The addition of the Senior Dispatcher is a significant step in providing shift coverage and leadership in the Dispatch Center. This position replaces a dispatcher position cut in the 2011 budget. What appeared an issue as we started the study now seems resolved, but with a caution to watch staffing needs over time if call volume increases.

- ➢ **Sheriff's Investigations:** Like Dispatch, the situation in Investigations is different than when we started the study. The hiring of a new Chief Deputy has permitted reassignment of the former Chief Deputy as a full-time Investigations Sergeant to work with the grant investigator. The TCSO now has two investigators as long as the grant continues. In addition, Patrol Deputies work more straightforward investigations.

- ➢ **Sheriff's Patrol:** From the Comparative Analysis, the TCSO is lower than the survey average on the number of sworn staff per capita with the primary issue in our view being the number of Patrol Deputies. According to the 2009 Uniform Crime Report from the Federal Bureau of Investigations, the average number of sworn officers per 1000-population is 3.6 for communities over 10,000-population and 1.9 for communities under 10,000-population. By comparison, Teton County has 1.18 per 1000-population and the survey averages 1.36 per 1000-population.

- ➢ **Sheriff's Reserve:** Unlike other counties, the TCSO does not have a Sheriff's Reserve (or

Posse in some states). Reserve officers often are helpful in controlling traffic and parking for events, traffic presence and speed monitoring, searches for missing persons, and other secondary law enforcement activities.

## Recommendations:

➤ **Fire Reserve Pool:** We support the Fire Chief's plan to increase the reserve pool to about 20 individuals.

➤ **Fire Training Chief:** NFPA emphasizes organizational training and readiness. The Shift Captains appear to be doing a good job, although they might need limited work time off-shift devoted solely to training and to connect with other shifts. Approve the Training Chief if the Partnership Model is implemented; otherwise continue with Shift Captains.

➤ **Sheriff's Dispatch:** Although staffing has improved with the Senior Dispatcher, the Sheriff and the County Board should watch how staffing works out, particularly if the Administrative Operations Manager (in a broader role) and the Civil Deputy do not have as much time in the future to fill in as dispatchers and if the call volume increases.

➤ **Sheriff's Investigations:** Assuming the grant funding continues, a two-person investigations team, supplemented by Patrol Deputies is adequate. However, the cadre of less experienced Patrol Deputies will need to be trained up to be effective investigators.

➤ **Sheriff's Patrol:** Based on national and comparative data and interviews, we suggest the County add one Patrol Deputy to the budget with a goal of eliminating single deputy shifts in order to improve office safety, enhance patrol and call availability, and adequately support investigations.

The Sheriff needs to provide empirical data from the Dispatch system and develop performance measures to document the County's return on investment in funding this position.

➤ **Sheriff's Reserve:** The Sheriff should consider forming a Sheriff's Reserve/Posse. A starting point might be the eight or so Teton County, Wyoming, deputies who live in the Driggs area.

## *2.) Agency Schedules*

**Findings:** **Fire employees** work two different schedules, which is common:

> ➤ Management, Technical, and Administrative employees work 40-hour weekly shifts on Days, which is common for these types of positions.
> ➤ Station personnel work a 48/96 shift with two days on and four days off, which they seem to like. Similar schedules are common in Fire agencies.

**Hospital EMS staff** work 12-hour shifts starting at 7 AM and 7 PM.

**Sheriff's Office personnel** also work two different shifts:

> ➤ Management, Technical, and Administrative employees work 40-hour weekly shifts on Days, which is common for these types of positions.
> ➤ Patrol Sergeants and Deputies currently work 12-hour shifts, but 10-hour shifts are being considered. Both schedules are common in law enforcement.

**Recommendations:** Mercer believes all of the above shift models are time-tested in other counties and cities with comparable functions. We trust the leadership of each department to define work schedules that serve the community in an efficient way.

# H. RESOURCE MANAGEMENT

## 1.) *Mercer Resource Management Issues*

Operations Management issues within Mercer's *50 Management Issues* are grouped within four functional areas.

### Budget and Financial Management

> ➢ Financial management and reporting
> ➢ Financial transactions and processes
> ➢ Project and activity cost accounting
> ➢ Rates, fees, charges, and cost recovery practices
> ➢ Internal service fund operations and charges

### Human Resources

> ➢ Human resources management policies, practices, and processes
> ➢ Training and career development program
> ➢ Safety and risk management program
> ➢ Management and employee relations, including union relations

### Information Technology

> ➢ Information systems management and support services
> ➢ Computer and technology applications (hardware and software)
> ➢ Records management, including documents, mapping, and GIS

### Asset Management

> ➢ Purchasing and materials management
> ➢ Warehouse and stores operations
> ➢ Facilities management
> ➢ Facility and grounds maintenance operations
> ➢ Fleet and equipment management
> ➢ Equipment specifications, procurement, and replacement

## 2.) *Budget and Finance*

## Findings:

> **Budgeting Process:** The **County's budget** process covers the Ambulance District and Sheriff. The budget process is primarily financial in nature (numbers only) and does not include more comprehensive budgeting elements suggested by the Government Financial Officers Association (GFOA), such as agency missions, accomplishments, goals and objectives, and activity and performance measures that allow decision-makers to assess return on investment.

> The **Fire District** has a separate budget process that similarly primarily focuses on numbers. It appears the Fire Chief develops a good bit of programmatic information to support the budget request to the board.

> The **Hospital's budget** for the Ambulance Service includes a detailed analysis of revenues and expenses with financial worksheets. Of interest is the apparent decrease in hospital charges to the Ambulance District in 2012 and 2013 compared to 2011.

> **Financial Administration:** The County and the Hospital have professional financial managers directing financial operations (accounting, payable/receivables, procurement, etc.). The Fire District has an Administrative position that handles these basic financial operations with oversight by the Fire Chief and one board member.

> **Procurement:** We need to do a bit more work to check the extent to which emergency services agencies (and others like the school board) cooperate in joint purchasing schemes.

> **Rates, Fees, and Charges:** Fire does not charge for fire safety inspections, which are commonly fee-supported in other communities across the country. The MOU's with Teton County, Wyoming, undercharge based on the full cost of service methodology.

## Recommendations:

> **Budgeting Process:** We suggest the County and Fire, as public agencies, look at the GFOA model for public budgeting that focuses more on return on investment than just revenues and expenses. This recommendation correlates to strategic planning, level of service standards, and other recommendations in the report.

> **Financial Administration:** Fire should explore collaboration with the County on financial administration to take advantage of specialists and systems already in place.

> **Rates, Fees, and Charges:** Fire should look at inspection fees, particularly for the private sector, to support the work of the Fire Prevention Division.

## *3.) Human Resources*

### Findings:

➤ **Performance Evaluations:** Regular use of performance evaluations is sketchy in Fire and the Sheriff's Office.

➤ **Management-Employee Relations:** Management-Worker relationships in Fire, Hospital EMS, and the Sheriff's Office are positive (see the Organizational Climate Survey results in Chapter V, Emergency Services in Teton County.

Only the Fire District has a union (a local of the International Association of Firefighters). Negotiations and working relationships seem constructive.

### Recommendations:

➤ **Performance Evaluations:** Institute formal performance evaluations on an annual basis with 3- and 6-month evaluations for newer employees or employees on improvement programs.

➤ **Management-Labor Relations:** No recommendations needed.

# *4.) Information Technology*

## Findings:

➢ **Technology Planning:** The County and the Sheriff's Office have significant investment in information systems and communications technology but do not have a form Information Technology Plan. We need to check with Fire, but presume they lack such a plan as well.

➢ **Computer Applications:** The County maintains two separate computer networks: one for the Sheriff's Office and another for all other departments. The "other departments" system provides accounting services for the Ambulance District, which pays a pro-rated share for these services.

The Fire District and the Hospital have their own computer networks and applications.

The state and usefulness of technology in emergency services agencies is evolving, but has some shortfalls, including:

- The county's phone system is not fully integrated with the Sheriff's Dispatch Center.
- There are some dead spots in radio coverage (e.g., Victor and River Rim).
- The functionality of FATPOT is said to be frustrating (the vendor is working on this issue)
- People tend not to like being tracked when in their vehicles (a common complaint everywhere, but vehicle tracking is becoming more and more common)

➢ **Computer Hardware:** Like equipment, computer hardware seems to be upgraded through the budget process rather than based on a formal replacement plan.

➢ **Management and Technical Support:** The Assistant to the County Board serves as the County's IT Administrator as required by the County's administrative policy on Computers, Technology, and Information Security.

Technical Support is provided by a 35-hour per week County employees, supplemented by knowledgeable agency staff and outside vendors. The County does not have a formal Help Desk, but that's not unusual in a smaller government.

## Recommendations:

➤ **Technology Planning:** The County, as well as other emergency services agencies if lacking, should develop Information Technology Plans. The agencies could start with a functional IT plan for emergency services as these agencies interact through the Dispatch and Radio systems.

➤ **Computer Applications:** The IT Plan should define future computer network and software needs.

➤ **Computer Hardware:** Again, the IT Plan should define computer standard and future needs and layout a computer update and maintenance plan over multiple budget years.

➤ **Technical Support:** OK, no recommendation.

# 5.) *Asset Management*

## Findings:

➤ **Fire Facilities:** The three fire stations appear to have adequate space for offices and operations and also appear well-maintained.

➤ **Hospital EMS Facility:** The Hospital EMS staff work out of a pretty small office near the emergency room and surgical suite. This space is functional, but a bit cramped.

➤ **Sheriff's Facility:** The current Sheriff's space, as well as everyone else's space, in the old courthouse is substandard, but a new Law Enforcement Center is coming so we'll not comment much on space needs, except to say:

- Offices are relatively accessible to visitors with limited security
- The Sheriff shares an office with the Administrative Operations Manager
- Dispatch and Records ideally should be in a secure location

➤ **Equipment Maintenance:** Equipment maintenance for emergency services agencies and other county departments is handled by the Maintenance Chief in Fire and Rescue or by area shops for more difficult/technical repairs. County departments and agencies pay the Fire District an hourly mechanic rate plus the cost of parts. The Maintenance Chief is not a certified mechanic.

➤ **Equipment Replacement:** Equipment replacement in emergency services agencies is handled through the annual budget process rather than through a formal equipment replacement program that sets aside replacement funds year-by-year for eventual replacement. Fire, however, has a process to build its reserves to replace apparatus. Some parts of the Sheriff's fleet appear to be overly aged with replacement requests coming in the FY 2014 budget.

➤ **Facility Maintenance:** Facility maintenance in the old courthouse is handled by a maintenance person who also supports the courthouse. Fire maintains its facilities with firefighters or contractors. The Hospital has a dedicated maintenance staff supported by outside contractors. Except for the condition of the old courthouse, facility maintenance levels appear adequate.

**Recommendations:** We support the development and opening of the Law Enforcement Center as soon as possible.

Although the Fire Maintenance Chief appears to do a good job on equipment maintenance and at a reasonable price, work by a non-certified mechanic may pose liability issues. The various agencies should consider the value of formal maintenance certifications through the Automotive Service Excellence (ASE) program to document that all repairs are done by a certified mechanic.

The equipment replacement program should be formalized through a capital program-like Equipment Replacement Plan that accrues funding for each vehicle during its use.

# VII. IMPLEMENTATION

This chapter of the report defines an Implementation Process, Challenges, and Schedule/Scorecard to support implementation of recommendations in the Mercer Report.

## A. IMPLEMENTATION PROCESS

The Implementation Process began early in the project as the consultant met with public officials, agency managers and staff, and stakeholders during fact finding activities and the review of preliminary ideas. The process continued as we presented and reviewed Draft Reports.

The process to implement the recommendations is based on a structure of Oversight and Management, Technical Actions and Coordination, and Monitoring and Reporting.

### *1.) Oversight and Management*

The **Project Steering Committee** for the Emergency Services study is the natural body to manage and oversee the implementation process and periodically report to the Board of County Commissioners, Ambulance Service District Board, Fire Protection District Board, Hospital Board, Sheriff, and other elected officials. The committee's role would include:

- ➢ General oversight of agency actions.
- ➢ Facilitation of meetings and reports.
- ➢ Policy development, review, and decisions.
- ➢ Contract and agreement review and approval.
- ➢ Finance and budgeting.
- ➢ Communications and public relations.

### *2.) Technical Actions and Coordination*

In support of the Project Steering Committee, the Sheriff, Fire Chief, and EMS Director at TVHC should serve as the **Implementation Management Committee for the Emergency Services study**. This group would be responsible for:

- ➢ Development of detailed implementation plans
- ➢ Supplemental analyses that may be required.
- ➢ Management and tracking of progress in implementing recommendations.
- ➢ Development and implementation of new policies, organization and staffing plans, work processes, business practices, etc.
- ➢ Interagency and interdepartmental coordination.
- ➢ Measurement and presentation of budgetary impacts and changes.
- ➢ Development of implementation activity and performance reports to the Project Steering Committee.

Similarly, each agency, as needed, would organize **Technical Committees for Specific Recommendations.** These committees would include managers, supervisors, and employees as required for each recommendation. These committees would have duties similar to the Implementation Management Committee.

## *3.) Reporting and Monitoring*

Agency Heads would receive reports from the Technical Committees then provide quarterly Status/Progress Reports to the Project Steering Committee for review and action.

These **Quarterly Reports from Technical Committees** would cover:

> ➤ Progress to date on the implementation of Mercer recommendations.
> ➤ Issues, obstacles, and changing situations affecting implementation.
> ➤ Services delivered and performance against agreed upon standards and specifications.
> ➤ Upcoming activities in the quarter to follow.

The Agency Heads would incorporate these reports into their **Quarterly Reports to the Project Steering Committee** until all recommendations are implemented.

# B. IMPLEMENTATION CHALLENGES

The following **major implementation challenges** need to be resolved to ensure the community and the emergency services agencies make progress on implementing recommendations in the Mercer Report.

➤ **Project Steering Committee:** The committee needs to agree to continue involvement in the work to optimize and improve emergency services in the county. Lacking any other current organization with a holistic focus, the committee needs to continue its work in implementing the Partnership Model and other Mercer recommendations until the recommended Teton County Emergency Services Council is established.

➤ **Community:** The citizens of Teton County need to commit to participating in the strategic and functional business planning process to ensure decision-makers understand their expectations for emergency services.

➤ **County/ASD:** The County needs to reaffirm continuance of the Ambulance Service District as a service provider and taxing authority. The County also needs to work with the Sheriff to develop a more construction relationship, particularly related to budget development. A GFOA-based budget approach more focused on return on investment will help.

➤ **Emergency Services Agencies:** All agencies need to agree to participate in the Emergency Services Council and the Agency Head Committee, as well as to adopt the Partnership Model of emergency medical services.

Fire and Hospital EMS need to agree to quickly complete common policies, protocols, and procedures then train up on these common practices.

➤ **Fire:** The Fire District Board and management team need to withdraw its competitive proposals and buy into the Partnership approach. Fire management needs to work with its fleet customers to certify its mechanic or seek another vehicle servicing option.

➤ **Hospital EMS:** The hospital needs to buy into the Partnership approach and to determine the true value of EMS staff that are hospital-based and agree to discount their contract budget with the ASD accordingly.

➤ **Sheriff:** The Sheriff needs to work with the County Assessor on the idea of co-locating the Driver's License Office in the new County Courthouse. The Sheriff and Chief Deputy need to work with the Prosecutor and staff to develop effective (to both parties) investigation expectations, procedures, deliverables, and timetables.

➤ **Prosecutor:** The Prosecutor and staff need to work with the Sheriff and Chief Deputy on investigation expectations and process.

# C. IMPLEMENTATION PLAN AND SCORECARD

<u>Major</u> implementation actions are identified on **Exhibit 7** that follows. For each action item the plan identifies:

> ➢ A Reference to the chapter in the text where the recommendation or topic is discussed,

> ➢ A priority Ranking,

> ➢ The person(s) primarily responsible for implementation of each recommendations, and

> ➢ A suggested Completion Date.

**This exhibit is a work in process to be expanded and improved upon by managers in emergency services agencies once the final report is accepted by governing boards and elected officials.**

Exhibit 7

## *Major Implementation Actions and Schedule*

| ACTION | REFERENCE | PRIORITY | RESPONSIBLE | COMPLETE |
|---|---|---|---|---|
| Accept the Final Mercer Report | Ch. 7 | A+ | Boards and Officials | 9/30/2013 |
| Share the final report with management in County departments, the Fire District, the Hospital, and the Sheriff's Office | Ch. 7 | A+ | Boards and Officials | 9/30/2013 |
| Form the Implementation Oversight Committee (the Project Steering Committee) | Ch. 7 | A+ | Boards and Officials | 9/30/2013 |
| Set up Implementation Management Committee | Ch. 7 | A+ | Oversight Committee | 9/30/2013 |
| Create the Teton County Emergency Services Coordinating Council | Ch. 6 | A+ | Boards and Officials | 9/30/2013 |
| Agree to the Partnership Model or define another approach, such as a joint Fire-Hospital bid for ambulance services | Ch. IV | A+ | Boards and Officials | 12/31/2013 |
| Start the Implementation Process by preparing detailed Implementation Plans for all recommendations | Ch. 7 | A | All Agencies | 10/31/2013 |
| Present quarterly | Ch. 7 | A | All | Ongoing |